



Quirindi Public School P&C Horse Sports
Friday 25 May 2018

Medical Information Form

Student Name:_____ Date of Birth___/___/___

Name of School:_____ Age as at 31/12/18:_____

Medicare Number:_____

Date of Last Tetanus Vaccination:_____

Do you contribute to the NSW Ambulance Scheme: Yes/No (Please circle)

Parent/Guardian Details:

Name:_____ Contact No:_____

Address:_____

Doctor Details:

Name:_____ Contact No:_____

Address:_____

Emergency Contact(s) details (nominated by the parent/guardian as alternate contact)

1. Name:_____ Contact:_____

2. Name:_____ Contact:_____

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc)

Please provide health care plan that has been provided to schools

Outline special dietary needs including possible reaction to inappropriate diet

Does this student require an individual Health Care Plan: eg ASCIA/Asthma Plan?

Yes - No (please circle)

If yes, a current copy of the plan **MUST** be included with this entry form.

In the event of an accident or illness, I authorise the obtaining on my behalf such medical assistance as my child may require. I also authorise the administering of appropriate treatment/medication including the administering of anaesthetic if this is deemed necessary by the attending medical officer. I agree to pay all costs associated if an ambulance is called and medical assistance required.

Privacy advice

The information provided on __/__/2018 by _____ parent/guardian name, is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about _____ (student name) who is currently enrolled at the named school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Quirindi Public School.

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion activity.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the office.

Signature

Date