

PLEASE RETURN TO THE SCHOOL OFFICE BY FRIDAY 28 OCTOBER 2016

STUDENT MEDICAL RECORD FOR 2017

STUDENT'S NAME: (Surname first) _____

ADDRESS: _____

DATE OF BIRTH: _____ **CLASS:** _____

MAIN FAMILY EMAIL CONTACT : _____

EMERGENCY CONTACT TELEPHONE NUMBERS

CONTACT DETAILS *Indicate best contact order (1 -3) for phone numbers for each person (e.g. call work first 1, then mobile 2 etc)*

Name of Parent/Caregiver			
Relationship to student			
Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Priority Contact Order <i>Who to contact first (write 1st, 2nd, 3rd)</i>			

PARENTS' AUTHORISATION: *In case of illness or accident, every effort is made to contact either parent. It is of the utmost importance to keep the school informed of current phone numbers where parents can be contacted. However, if neither parent can be contacted, please sign the authorisation below for the school to seek medical help.*

"In the event of illness or accident and neither parent can be contacted, we agree that the school authorities may proceed to obtain adequate medical care for our child and that all expenses for such shall be our responsibility".

Signed _____ Date _____

(Please complete page 2)

MEDICAL DETAILS

If a student needs medication whilst at School, a Student Medication Authority **must** be completed. Medication **will not** be given without an Authority form signed by the Doctor or Pharmacy label on the medication box.

Does your child suffer from any medical condition? YES/NO

- *Please attach any relevant specialist's/doctor's reports*

Does your child require medication? YES/NO

Please give details:

MEDICAL CONDITION	TREATMENT/MEDICATION	DOSAGE (how much, how often)

AUTHORITY FOR ADMINISTERING PARACETAMOL

I/we give authorisation for my child to be administered **one dose** of paracetamol.

I/we understand that this authorisation is a guideline for administration of a specific dose.

I/we understand that I will be contacted for my permission for each specific emergency.

Where students symptoms are not alleviated by the dose given, or in the event of an emergency

I/we agree to collect my child as soon as possible.

I/we understand the potential risks and side effects of this medication for my child.

Panadol 5-12yrs
Colourfree Suspension Dosage: _____

Panadol Capsules 500mg Dosage: _____

Condition or circumstance under which to be administered:

Fever or temperature over 38 degrees Celsius

Other (provide details) _____

Analgesics should not be administered by the school as a standard first aid strategy as it can mask signs and symptoms of serious illness or injury.