CONSENT FOR PARTICIPATION
During the course of the school year, it is necessary for pupils to secure “Consent Notes” from their parents to enable them to take part in sporting, social or educational visits. This is at times inconvenient, especially in emergency cases. It is therefore proposed to request the parents to sign a “Consent Form” at the start of the year, such consent to operate in later years unless it is withdrawn in writing by parents.

CONSENT TO SEEK MEDICAL ATTENTION
Furthermore, with a school population of approximately 500 pupils, it is inevitable that at times it will be necessary to obtain ambulance or medical attention in the event of illness or accident.

When such cases arise, every effort will be made to contact parents first. Because a parent is not always readily available by phone, we request parents nominate a contact person (e.g. grandparent, aunt, sister, neighbour) authorised to act for them. However, to avoid unnecessary delay in emergency cases, it is essential for parents to authorise the school to seek urgent qualified attention. The Consent Form, when signed gives this authorisation.

Interstate or Territory Excursions only: If you do not have the appropriate health insurance cover, or are not covered by a Commonwealth Government Health Care Card, then you will be liable for the cost of an ambulance in the event that one is required for your child.

SPECIAL REQUESTS
I. If you child suffers from a medical problem (such as allergy to bee stings; eye condition that can be seriously aggravated by a slight bump), instruct him/her to give full details, including doctor’s advice, to the staff member who first attends to him/her. All students with existing conditions should have their medical action plans submitted to the school.

II. Where your child has medication to be taken during school hours, it should be fully labelled – name of student, dosage, times to be taken etc with a covering signed letter that gives permission for School Administration staff to administer the medication. It can then be stored at the School Clinic. No student should carry medication with them with the exception of asthma puffers & epipens.

III. Please notify the school in writing of changes of circumstances so that medical details are kept fully up-to-date, e.g. new problems, changes in medication, change of doctor, etc.

CLINIC
Parents are advised of the following limitations to the use and management of the School Clinic.

1. The school has no medically trained person on staff (First Aid Only). Staff members responsible for the management of the clinic are not expected or required to give informed opinions regarding illness or injuries sustained by students.

2. We ask parents to keep the child at home if ill.

3. Students MUST present to the Front Office with a note from their teacher for admission to the clinic. Parents will be contacted immediately by the office staff if a student needs to go home through illness.
Name of Student: ___________________________________________ Year: ________________

Date of Birth: ______________________________ Medicare No.: __________________________

I give my consent for my child to take part in all school sporting activities and to permit him/her to travel on school trips and excursions, where appropriate. In the event of serious illness or accident, I hereby give my consent to the school for the following:

   a. calling an ambulance  
   b. authorising medical consultation  
   c. taking any other necessary steps, including authorising the medical officer to administer an anaesthetic if this is deemed necessary should the parent not be readily available to assume full responsibility.

I assume responsibility for any fees due because of (a), (b) or (c) above.

Please list any serious medical problems from which your child may suffer. Note any advice that might be helpful.

________________________________________________________________________________________

Please list any allergies the child may have which you feel the school should know about. Give details of recommended emergency treatment, especially where bee-sting allergy is concerned.

________________________________________________________________________________________

Date of last tetanus injection: __________________________

Name of family doctor in Forbes: __________________________

Please complete the following:

Signed: __________________________ (Father)  Address if not living at home during term:
Address: __________________________________________
Phone No. School Hours: __________________________

Signed: __________________________ (Mother)  Phone: __________________________
Address: __________________________________________
Mobile: __________________________________________
Phone No. School Hours: __________________________

Should both parents be unavailable, please contact this relative/friend who has full responsibility to act on my behalf (for emergencies):

Name: __________________________________________
Address: __________________________________________
Phone: (W) __________________________ (Mob) __________________________
Relationship to child: __________________________________________

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