**Medical History and Consent**

**Day Students**

TO: The Headmaster

**MEDICAL CONSENT**

- **I / We:** ____________________________ (print names) the undersigned provide the information contained in this form and, in addition to the authorisation for medication, I/we understand that while TAS will make reasonable efforts to speak with parents/guardians in the event of accident or sudden illness, there may be times when this is not possible or not successful. In such circumstances, I/we authorise the school to obtain medical advice and authorise medical treatment for ________________________ (print student name) including administering anaesthetics and performing operations, if medical advice indicates it is necessary for the health and well-being of my/our son/daughter.

- **I/we agree to our child being referred to the local doctor, dentist, physiotherapist and other health professionals if necessary.**

- **I/we authorise you to assist in the administration of medications specified and any others as notified by me/us in writing on behalf of my/our named child.**

- **I/we also authorise the administration of medication prescribed by the attending School Doctor.**

- **I/we indemnify The Armidale School and agree to keep the school indemnified against any and all claims, demands, losses, damages and costs that the School incurs or may incur as a result of or arising out of the School complying with and following the terms of the consent set out in this form including any claims, costs and expenses arising directly or indirectly out of the treatment provided by the School in accordance with the terms of the consent.**

- **I/we undertake to inform you of any changes to the information in this form, as and when necessary. This consent form shall remain valid unless withdrawn and notified by myself/us in writing to the School.**

---

| Signed: ____________________________ | Parent/Guardian | Date: _____ / ____ / _____ |
| Signed: ____________________________ | Parent/Guardian | Date: _____ / ____ / _____ |
SCHOOL PROCEDURES IN EVENT OF ACCIDENT OR ILLNESS – Day Student

Section 1 contd.

Minor ailment
• The student will report to the health centre where his/her attendance will be recorded.
• The registered nurse on duty will assess and treat the student as required. If further care is required for day students, parents will be notified.

Minor injuries
• Student to report to health centre where assessment and first aid will be administered.
• If the student is injured whilst playing sport he/she should report to the coach/teacher in the first instance and then to the registered nurse on duty.
• Treatments will be documented in personal medical records in the school database.

Serious illness/injury requiring doctor or hospital
• The parent/guardian will be contacted if at all possible according to the information available on the medical form.
• The school nurse will be called to the site of the injury/illness if at all possible and/or, if appropriate, the student transferred to the health centre where first aid will be administered.
• The nurse on duty or other member of school staff (if the nurse is not available) will assess the student and if required the student will be transported to the doctor/hospital.
• In an emergency or on the advice of an attending doctor, the student will be taken by ambulance or other suitable vehicle to the nearest available hospital.
• In the event of injury, or illness to a student requiring urgent hospital or medical treatment including but not limited to injections, blood transfusions and the like and where a parent or guardian is not readily available to authorise such treatment the school nurse or other member of staff (if the nurse is not available) most directly responsible for my/our child and present at the time, is authorised to give the necessary authority for such treatment without the school or such staff member or any other employee or agent of the school incurring any liability to the student, parent or guardian in doing so.
• I/We indemnify The Armidale School and agree to keep the school indemnified against any and all claims, demands, losses, damages and costs that the School incurs or may incur as a result of or arising out of the School complying with and following the terms of the consent set out in this form including any claims, costs and expenses arising directly or indirectly out of the treatment provided by the School in accordance with the terms of the consent.

Medication procedures
• Parents are requested to inform the health centre of any medications being taken by students.
• All medications taken during the school day should be stored in the health centre unless other arrangements are made with nursing staff.
• All medications administered by the school nurse will be recorded.

Prescription and restricted medications
• Assistance will be given by the school in the administration of prescribed medication, when requested in writing by parents/guardians or as prescribed by the school doctor.
• Assistance will be given by the school nurse in the administration of restricted medication (such as Ritalin, Dexamphetamine) after receiving documentation from the doctor and parent.
• Instructions regarding changes to the original dosage of long term or restricted medications must be in writing from the doctor and parent/guardian or advocate.
• The school nurse may only administer or assist with the administration of any medication if the medication is provided in its original container with label clearly displaying the students name and the required dosage.
• All medications will be stored in a locked cupboard in the health centre.

Complimentary Therapies
• Complimentary Therapies ordered by parents/guardians may be stored in the Health Centre on behalf of the parents/guardians but the student must self medicate and TAS does not accept any responsibility for same.

Non-prescription or ‘over-the-counter’ medications
Due to new Department of Health regulations (pharmaceutical branch) no medication may be given to day students unless authorised and supplied as stated below by parents. Panadol tablets and Panadol mixture or generic equivalent will be held in the Health Centre should it be required by your child. Any other medications will need to be supplied to the Health Centre with your child’s name and instructions for use. **If you authorise us to administer Panadol and Disprin to your child if required during the school day, please sign in the space provided below:**

Panadol _______ Panadol elixir _______
CONFIDENTIAL MEDICAL HISTORY

1. IMMUNISATION RECORD

It is a Department of Education and Association of Independent Schools (AIS) Policy that the school must be provided with a complete vaccination record. This can be obtained from the Family GP, Department of Health, Medicare or the Child’s Health Care Record (the old Blue Book).

PLEASE ATTACH A COPY OF YOUR CHILD’S VACCINATION RECORD TO THE BACK OF THIS FORM

2. CHILDHOOD DISEASES

- Chicken Pox
- Glandular Fever
- Mumps
- Measles
- Whooping Cough
- Rubella (German Measles)
- Rheumatic Fever
- Croup

Other (please specify)

3. ASTHMA HISTORY

Does your child suffer from asthma? Yes No

If yes:

- Has your child been to hospital due to asthma in the past two years? Yes No
- Has your child been treated with oral cortisone in the past 12 months? Yes No
- Does your child have an Asthma Action Plan (see below)? Yes No

If your child is currently being treated for Asthma, please attach a copy of the Asthma Action Plan to the back of this form.

Child’s current reliever is: __________________________ Current Preventer: __________________________

Other medication taken for asthma?

4. MEDICAL HISTORY

Please include management plans for the following:

- Diabetes: Yes No
- Epilepsy: Yes No
- Attention Deficit Disorder: Yes No
- Menstrual Disorders: Yes No

5. PRESCRIPTION MEDICATIONS

Please list any prescription medication that you son/daughter is currently taking, including documentation from the prescribing Doctor.

Any change in dosage for regular medications MUST be notified in writing.
CONFIDENTIAL MEDICAL HISTORY

Please state briefly, any **MEDICATIONS, HEALTH ISSUES, MEDICAL ALERTS OF SPECIAL NEEDS** that staff need to be aware of.

The School reserves the right to disclose relevant information to staff members who are in a position of the duty of care over your son/daughter. This would include pastoral care advisors, Heads of House, classroom teachers, Sporting Coaches.

**6. ALLERGIES AND TREATMENT REQUIRED** (please specify how the allergy effects your child ie rash, hives, difficulty breathing, vomiting, anaphylaxis. If anaphylaxis is indicated, we will send you further paperwork to be completed.

Allergy to Medications: __________________________________________

Allergy to Food: _________________________________________________

Allergy to Insects: ______________________________________________

Allergy to Other: _______________________________________________

**7. OPERATIONS AND OTHER INJURIES**

______________________________________________________________

**8. CURRENT TREATMENTS THAT THE SCHOOL SHOULD BE AWARE OF**

______________________________________________________________

**9. DOES YOUR CHILD HAVE HEARING OR SIGHT DIFFICULTIES** eg glasses / hearing aid

______________________________________________________________

**10. ANY COUNSELLING OR PSYCHOLOGICAL ISSUES THE SCHOOL SHOULD BE AWARE OF**

______________________________________________________________

**11. OTHER HEALTH ISSUES THAT THE SCHOOL SHOULD BE AWARE OF:** (eg special needs or disability, learning difficulties/problems, fainting, hepatitis B carrier, incontinence. __________________________________________________________