

# STUDENT MEDICAL & CONSENT NOTE    Activity: Cluster Sport

Given Name ..... Surname ..... Class .....

Home Address ..... Post Code.....

Home Phone ..... Work / Mobile Phone .....

Details of Medical Cover (MBF etc) .....

Pension Concession Details..... Expiry Date.....

Student's mobile number: .....

**Please fill out all Medicare info below.**



1. Medicare No. ....
2. Number of person. ....
3. Medicare Exp Date .....

## Consent

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education, Training and Employment does not have personal accident insurance cover for students.
- I give consent for my child (Listed Above), to participate in the activity detailed above.
- I agree to pay to the school the costs detailed above for my child's participation in the activity.
- In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided the school with all relevant details relating to my child's medical or physical needs on enrolment and where relevant have updated this form.
- I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.

Parent/Carer Name: \_\_\_\_\_ (Please Print)    Parent/Carer's Signature: \_\_\_\_\_    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Privacy Notice

The Department of Education, Training and Employment is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity;
- respond to any injury or medical condition that may arise during, or as a result of the activity; and
- update school records where necessary.

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.

### Activity Risks & Insurance

Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

If YES is indicated below, please provide extensive information including medical details, dosage and administering times.					
Epilepsy	YES NO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Special Learning Needs (ADHD, Autism, etc)	YES NO				
Severe Allergy – (Epipen)	YES NO				
Physical Disabilities	YES NO				
Phobias	YES NO	Details-	Heart condition / recent operation or injury	YES NO	Details-
Medical Allergies Eg: penicillin, analgesics	YES NO	Details-	Has your child had an infectious disease recently?	YES NO	Details-
Food Allergies / Dietary requirements (medically diagnosed eg. coeliac, dairy, etc)	YES NO	Details-	Asthma / Other Respiratory Problems	YES NO	Details-
Tetanus Booster Last Given:- Year:-	YES NO	Details-	Sinus & or Hay Fever (Please circle)	YES NO	Details-
Swimming ability (over 50 metres)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		Permission to swim (if relevant to activity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Relevant Information	Details-				

I would like this additional information about my child's medical and physical details to be recorded in OneSchool records (Student's file).

<b>Authorisation for Qualified Practitioners, if required, to administer:</b> <b>ANAESTHETIC (Please Circle) YES NO      BLOOD TRANSFUSION (Please Circle) YES NO</b>		
Medical Practice.....	General Practitioner's Name .....	Ph.....
Secondary Contact .....	Description (ie. Aunty / Grandparent).....	Ph .....
<p align="center"><b>School staff will not administer over the counter medication, including analgesics, homoeopathic or prescribed medication unless they meet the accountability of a written request from a parent / guardian accompanied by written advice from a medical Practitioner and with the medication in the original labelled container.</b></p>		
<p align="center">Please return this form to the organising staff member</p>		