



THORNTON STATE SCHOOL

4 Thornton School Road, Thornton, 43415
Telephone: 5466 7141
Email: the.principal@thorntonss.eq.edu.au

Principal: Miss Carly Domrow

MEDICAL DETAILS FORM

The information contained on this form is required by teachers and Medical Practitioners in the event of a student requiring medical treatment. The contents of this form will remain confidential.

This form will be taken on the Camp/Tour by the supervising teachers so that any emergency that may arise can be dealt with quickly and in accordance with the wishes of the Parent/Guardian. A photocopy will remain at school to contact parents in an emergency.

All information contained on this form will remain confidential.

1. STUDENT'S DETAILS

Student's Full Name _____ Class _____

Date of Birth _____ Home Phone Number _____

Home Address _____

2. EMERGENCY CONTACT INFORMATION

Name of First Contact _____ Relationship to Student _____

Phone (Day) _____ (Night) _____

Name of Second Contact _____ Relationship to Student _____

Phone (Day) _____ (Night) _____

Name of Third Contact _____ Relationship to Student _____

Phone (Day) _____ (Night) _____

3. SWIMMING ABILITY

My child's swimming ability is: - good average limited very limited

(Please circle one)

4. MEDICAL INFORMATION

Name of Family Doctor _____ Phone _____

Medicare Number _____

Date of the student's last tetanus injection? _____

Do you permit the use of Savlon Antiseptic Liquid and/ or Betadine on superficial injuries YES / NO

Do you have Medical Insurance? YES / NO

5. STUDENT MEDICAL DETAILS

<u>Condition</u>		<u>Details</u>	<u>Medication Required</u>
Allergies			
Food	Yes/No	_____	_____
Drugs	Yes/No	_____	_____
Ointments	Yes/No	_____	_____
Band-aids	Yes/No	_____	_____
Insects etc	Yes/No	_____	_____
Other	Yes/No	_____	_____
Respiratory Problems	Yes/No	_____	_____
Asthma	Yes/No	_____	_____
Heart Problems	Yes/No	_____	_____
Diabetes	Yes/No	_____	_____
Epilepsy	Yes/No	_____	_____
Recent Operations	Yes/No	_____	_____
Recent Illnesses	Yes/No	_____	_____
Phobias	Yes/No	_____	_____
Bed Wetting	Yes/No	_____	_____
Travel Sickness	Yes/No	_____	_____
Other - please list	Yes/No	_____	_____

Please provide precise instructions for any medication which the student may have to take during the Camp/Tour. (All medication must be handed to the teachers before departure)

On some occasions, students may complain of minor ailments like headache. Paracetamol (Panadol) may only be administered if it is included in the medication below.

Medication _____ Dosage _____

Time/s to be Given _____

Medication _____ Dosage _____

Time/s to be Given _____

Medication _____ Dosage _____

Time/s to be Given _____

6. AGREEMENT BY PARENT/ CAREGIVER

- (a) I authorise the supervising teachers to obtain medical attention for my child at their discretion in the event of illness or injury.
- (b) I authorise the supervising teachers to remove minor splinters from the student and to clean and dress minor wounds.
- (c) I agree to pay the fees for such medical expenses and to meet the expenses of pharmaceutical supplies and ambulance transport which may be incurred as the result of medical advice.
- (d) I further authorise qualified medical practitioners to administer anaesthetic or blood transfusion if the necessity arises.
- (e) I certify to the best of my knowledge that my child has not been in contact with any infectious disease for the past four weeks and that he/she is not suffering from any ailment that may be detrimental to other members of the Camp/Tour.

Signature of Parent / Caregiver

Date