



## Eschol Park Public School Student Medical Information

The information provided by parents and carers of Eschol Park PS students is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about each student who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Eschol Park PS.

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons who may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

This information will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office staff.

*Student name:* ..... *Class:* .....

*Date of Birth* ..... *Medicare number* ..... *Reference No* .....

*Medicare card valid to date* .....

### Parent or caregiver contact details

*Name:* .....

*Address:* .....

*Home phone:* ..... *Work:* ..... *Mobile:* .....

### Doctor contact details

*Name:* .....

*Address:* .....

*Doctor's Telephone Number :* 1. .... 2. ....

### Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. *Name:* ..... *Phone:* .....

*Relationship* .....

2. *Name:* ..... *Phone:* .....

*Relationship*.....

Student Name : .....

**Allergies** (eg peanuts, insect stings, other)

My child suffers from an allergy/allergies.  Yes  No

If yes, please specify any allergy/allergies suffered by your child : \_\_\_\_\_

*If yes, we may contact you to determine if support is required at the school level.*

**Asthma**

My child suffers from asthma.  Yes  No

My child's asthma is regarded as....  Mild  Severe

My child only takes asthma medication at home.  Yes  No

My child may require asthma medication at school.  Yes  No

*If yes, we will provide further information for you to complete to ensure we support your child's needs.*

**Other Medical Conditions** (eg diabetes, epilepsy, other)

Does your child suffer from any other medical condition?  Yes  No

If yes, please provide details : \_\_\_\_\_

Does your child require support at school for this condition?  Yes  No

If yes, please provide details : \_\_\_\_\_

*If yes, we will provide further information for you to complete to ensure we support your child's needs.*

**Medication**

My child needs to take medication on a regular basis  Yes  No

If yes, please provide details : \_\_\_\_\_

*If yes, we will provide further information for you to complete to ensure we support your child's needs.*

**Medical Emergency**

I/We consent to the securing of ambulance, medical or dental attention on my/our behalf in the event of serious illness or accident to my child, or if we cannot be contacted.

Parent 1/ Carer 1 signature ..... Date .....

Parent 2/ Carer 2 signature ..... Date .....

Thank you for completing the Student Information/Contact details and Medical information. Please return to the school as soon as possible.

Name of Parent/Carer completing this form .....