

**Swimming Pool and Water Park Based  
Aquatic Activities  
Medical Information and Consent Form**

**This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on an excursion to a swimming pool and water park based aquatic event.**

**A copy of each student's form must be taken on the excursion.**

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998 (Cwth)*. Parents note that in the absence of a specific Plan standard First Aid will be administered.

Student's Surname/Family name: \_\_\_\_\_ Given/preferred name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Sex:  M  F

School: \_\_\_\_\_ School Year: \_\_\_\_\_ Camp/Excursion: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone Nos Business Hours: \_\_\_\_\_

After Hours: \_\_\_\_\_

Mobile: \_\_\_\_\_

Other Contact for Emergency: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name of Student's Doctor: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Ambulance Fund: **Note:** Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Anaphylaxis * | <input type="checkbox"/> Allergies      | <input type="checkbox"/> Fits or Blackouts | <input type="checkbox"/> Nose bleeds            |
| <input type="checkbox"/> Asthma *      | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Hay fever         | <input type="checkbox"/> Reaction to drugs      |
| <input type="checkbox"/> Diabetes *    | <input type="checkbox"/> Eczema         | <input type="checkbox"/> Headaches         | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Epilepsy *    | <input type="checkbox"/> Fainting       | <input type="checkbox"/> Heart condition   | <input type="checkbox"/> Sun screen sensitivity |

Other \_\_\_\_\_

**Describe what happens for any of the conditions ticked above**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have ticked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes     No

If Yes, a *General First Aid Plan* is to be completed and provided to the school along with specific instructions provided by doctor. This form is available from the school.

**Note:** For anaphylaxis\*, asthma\*, diabetes\* or epilepsy\* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency.

Date of last tetanus injection: \_\_\_ / \_\_\_ / \_\_\_\_

Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last four weeks?      Yes  No

If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion \_\_\_\_\_

Is the student presently taking any medication?      Yes  No

If Yes, please state name of medication, dosage, etc: \_\_\_\_\_

**NB. If this information should be reflected on the General Medical Information and Consent form kept at the school, please inform the school of the changes and arrange to update the form.**

Parents must give written permission and directions for the administration of any medication taken during the excursion.

I consent to my child receiving paracetamol for temporary pain relief.      Yes  No

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the student's name, dosage and frequency of administration.

Are you aware of any physical or psychological limitations of your child? Please give details.

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information which you believe may help us to provide the best possible care? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Consent to medical attention.** In the case of my child requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed (Parent/Carer): ..... Date: \_\_\_ / \_\_\_ / \_\_\_\_

Signed (Parent/Carer): ..... Date: \_\_\_ / \_\_\_ / \_\_\_\_

*This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student whilst on the excursion.*

*Schools will always call an ambulance if your child's medical condition requires emergency medical assistance*