

Last Tetanus injections: Within the last 2 years: Within the last 10 years: Never
 If your child is off school grounds, do you give First Aid personnel permission to administer Paracetamol (S2 drug)? Yes No
 Do you give your child permission to self administer asthma medication (S3 drugs)? Yes No

Current Medications: list all medications you presently use – including prescription and over the counter medication

Medication _____ Dosage _____ Frequency _____ Treatment for _____

Medication _____ Dosage _____ Frequency _____ Treatment for _____

Medication _____ Dosage _____ Frequency _____ Treatment for _____

Medication _____ Dosage _____ Frequency _____ Treatment for _____

Note: Permission to Administer Medication Form must be completed and returned to the office along with labelled medication to allow staff to administer any of the above medications. Students are NOT permitted to hold medication on their person or in their bags. Asthma medications and epipen are allowable if needed.

Swimming Ability: Excellent Confident Some Confidence Not Confident

Do you have any special dietary requirements? Yes No
If yes please state

Medicare No: _____	Private Health Fund If Yes, please state details
Place on card: Expiry date: / /	Name of Fund: _____
	Membership No: _____

Has your child received any assistance from or been in contact with:

Counsellor	Yes	No	_____
Guidance Officer	Yes	No	_____
Hearing Impaired Services	Yes	No	_____
Psychologist	Yes	No	_____
Psych, Analyst	Yes	No	_____
Physically Handicapped Services	Yes	No	_____
Speech Therapists	Yes	No	_____
Visual Services	Yes	No	_____

Note: If you have answered Yes to any of the above, please attach any relevant reports to this form.

PARENTAL/GUARDIAN CONSENT	
X-rays and all medical expenses are the responsibility of the parents/guardians. Parent/guardian gives the college permission to authorize medical treatment as required. The parent will normally be contacted before medical treatment is administered. In emergency cases the ambulance service will normally transport students to the nearest public hospital. The information provided on this form will only be made available to relevant college personnel. But this information may be provided to ambulance, paramedical or medical providers should an emergency occur.	
Parent/Guardian Name:	_____
Parent/Guardian Signature:	_____
Date	_____