

CONTACT INFORMATION

Full Name of student:

DoB

Names of Parents / Caregivers:

Phone Number(s):

Address:

Email(s):

Emergency Contact Person:

Phone Number(s):

Relation to child (if not parent / caregiver above):

MEDICAL INFORMATION

Insurance Provider:

Membership No.:

Medicare Card No:

Expiry:

Number on Card:

Regular Medication

Name of medication

Dose, frequency, time

Refrigeration

YES NO

Known Allergies

(e.g. Bee stings, food, medications, other)

Action

Chronic Illness

(e.g. Asthma, Diabetes, Epilepsy, other)

Action

Disability

(e.g. sensory, physical, psychological, emotional)

Action

Major Surgery

(eg knee, back, heart)

Action

Year of last tetanus injection:

Please continue overleaf...

Special Dietary Requirements Does your child require any special diet? YES NO
Detail:

General Health Is your child in good health? Please note health issues not detailed in the preceding questions.

What vaccinations/travel shots have your child taken in the last twelve months?

How well can your child swim?

- Cannot swim
- Fair Swimmer
- Good Swimmer

Please detail your child's experience with the following medications, etc

Paracetamol (Panadol, Herron Paracetamol, Chemists' Own Paracetamol, etc):

- Never taken / Unknown / Can't Remember
- Showed an allergic reaction
- Has taken without showing any allergic reaction

Asprin (Disprin, AsproClear, AsproTablets, etc)

- Never taken / Unknown / Can't Remember
- Showed an allergic reaction
- Has taken without showing any allergic reaction

Codeine (contained Panadein, Panafen, Chemists' Own Pain Tabs, etc)

- Never taken / Unknown / Can't Remember
- Showed an allergic reaction
- Has taken without showing any allergic reaction

Ibuprofen (Nurofen, Herron Blue, Panafen, Chemists' Own Ibuprofen, etc)

- Never taken / Unknown / Can't Remember
- Showed an allergic reaction
- Has taken without showing any allergic reaction

Please tick if you prefer that we never provide any of the above medications to your son

I approve of the use of standard first aid equipment (bandages, gauze, antiseptic solutions or creams, etc) in the even that the supervisor(s) or assistant(s) may need to tend to minor injuries (cuts, abrasions etc) or provide immediate care for major injuries.

I agree to provide updated information to the staff of Mirrabooka Study Centre in the event that the above details change, and to notify the directors of any temporary medical issues which may affect my son (eg: recent surgery).

Parent/Care Giver's Name: _____ **(print)**

Signature: _____ **Date:** _____

PARENTAL CONSENT FORM

As a parent/care giver of _____
Insert your son's full name

I _____
Insert your name give my consent for him to participate in the activities conducted by Mirrabooka Study Centre and I agree to delegate my authority to the supervisor(s) and assistant(s) involved. Such persons may take whatever measures they deem reasonable to ensure the safety, well being and good conduct of the boys as a group and individually.

I also give my consent to the supervisor(s), and assistant(s) to obtain any medical assistance or ambulance transportation which they may deem necessary should illness or accident occur, and agree to pay any resulting expenses. I further authorise qualified medical practitioners to administer any appropriate medical treatment deemed necessary, and the qualified supervisor(s) and assistant(s) of Mirrabooka Study Centre to administer whatever first aid they deem prudent.

I also give my consent for my son to feature in photographs and videos taken by or with the authority from the staff of the Centre to be used for publicity and training purposes. This includes any reproductions or adaptations of the images and videos for general purposes such as promotional materials (including flyers), mementos and the website. The original multimedia and any reproductions and adaptations will be the property of Mirrabooka Study Centre. Mirrabooka Study Centre is not responsible for personal photographs, videos or similar multimedia taken by other participants.

Signature: _____

Date _____