



STUDENT MEDICAL & CONSENT NOTE

PLEASE COPY BACK-TO-BACK

NUMINBAH VALLEY
ENVIRONMENTAL EDUCATION CENTRE

Inspiring Minds for a Sustainable Future



School Date of Birth.....
 Given Name Surname..... Gender.....
 Home Address Post Code.....
 Parent/Guardian Names..... Home Phone Work/Mobile.....
 Details of Medical Cover (MBF etc.)
 Other important notes

Please fill out all Medicare info below.



1. Medicare No.
.....
2. Number of person.
.....
3. Medicare Exp Date
.....

If YES is indicated below, please provide extensive information including medical details, dosage and administering times.

Diabetes	YES NO	If YES, information MUST be provided as a Medical Management Plan	Asthma / Other Respiratory Problems	YES NO	Has your child had an infectious disease recently?	YES NO
Epilepsy	YES NO		Sinus & or Hay Fever (Please circle)	YES NO	Immunised for Measles, Chicken pox etc.	YES NO
Special Learning Needs (ADHD, ASD, etc.)	YES NO		Tetanus Booster Last Given:- Year:-	YES NO		YES NO
Severe Allergy – (Epipen)	YES NO		Provide details of medication that your child needs to take			
Physical Disabilities	YES NO		MEDICATION DOSAGE			
Bed Wetting/ Sleep Walking/ Phobias	YES NO		Breakfast			
Medical Allergies E.g.: penicillin, analgesics	YES NO		Lunch			
Food Allergies (Medically diagnosed e.g. coeliac, dairy, etc.)	YES NO		Dinner			
Special Dietary Requirements (Religious reasons, vegetarian, no pork, etc.)	YES NO	Supper				
Heart condition / recent operation or injury	YES NO					
Other Relevant Information	Details-					

Numinbah Valley EEC facilitates aquatic-based activities; please indicate your child's swimming ability level (tick relevant box).

- Non swimmer
 Weak swimmer (unable to swim 25m)
 Competent (can swim 25m)

In the case of a medical emergency, every effort will be made to notify carers.

In the rare instance that contact cannot be made, please give authorisation for Qualified Practitioners to administer:

ANAESTHETIC (Please Circle) **YES NO** **BLOOD TRANSFUSION** (Please Circle) **YES NO**

Medical Practice..... General Practitioner's Name Ph.....

Secondary Contact Description (i.e. Aunty / Grandparent)..... Ph.....

(School staff will not administer over the counter medication, including analgesics, homoeopathic or prescribed medication without a written request from a parent / guardian and/or by written advice from a medical practitioner. Medications must be labelled and in the original container.)

(YES/NO) I give permission for school staff to administer one dose of paracetamol as required should my child be suffering from a headache or any mild discomfort.

Are there any custodial issues that the Principal and/or staff of Numinbah Valley EEC should to be made aware of? Please outline:

.....
If your child has any other additional details or conditions please outline:
.....

The Queensland Department of Education requires risk assessments to be conducted on all curriculum areas that contain potential hazards. At Numinbah Valley EEC, specific activities (Canoeing, Advanced Bushwalking, Pole Climb, Campfire/Bush Cooking, Revegetation, Chemical Testing) are deemed high risk. To minimise these potential risks, Numinbah Valley EEC implements strict safety procedures in accordance with the Department's health and safety guidelines. Numinbah Valley EEC prides itself on its impeccable safety record with all sessions being facilitated by trained and qualified staff. At times, students are transported to learning sites using department owned vehicles or contracted bus companies.

I (DO / DO NOT) give Numinbah Valley EEC permission to use any photographs or videos of my child for promotional or marketing purposes.

I (Name)give permission for my child to participate in adventure-based activities that are considered high risk by the Queensland Department of Education, I understand that this may include vehicle transportation to and from learning sites. I hereby authorise the Principal, or their representatives, to obtain such medical attention as deemed necessary. I acknowledge that the Department of Education does not have 'Personal Accident Insurance Cover' for students and I agree to pay all expenses incurred on behalf of the above student.

SIGNATURE REQUIRED (Parent / Guardian) :..... Date/...../.....