Confidential

Prince Alfred College – Visitor Only

OSHC HEALTH INFORMATION SHEET

Name: ..... Date of Birth: .....

Whom should we contact in a medical emergency? **Please include parent / guardian information**

Name	Telephone Number (s)	E-mail (if appropriate)
1.		
2.		
3.		

Medicare Number: .....

Number of attendee on card ..... Card Expiry Date .....

Is the attendee covered by **Medical Benefits**? YES☐ NO ☐

Name of Fund: .....

Benefit Table: .....

Is the attendee covered by an **Ambulance** subscription or insurance? YES☐ NO ☐

Has the attendee received a complete course of **Tetanus** immunisations? YES☐ NO ☐

Date of last booster injection: .....

Does the attendee suffer from **Asthma**? YES☐ NO ☐

If "yes"- please attach a copy of Asthma Action Plan or detail treatment required.

Does the attendee experience any **Minor Allergies** or **Food Intolerances**? YES☐ NO ☐

Details: Allergy/Intolerance .....

Treatment: .....

.....

Does the attendee experience any **Potential Medical Emergency Allergies**? YES☐ NO ☐

Details of Allergy: .....

Treatment: .....

.....

Is the attendee affected by any **other medical condition or health / psychological problem**? YES☐ NO ☐

Details: .....

.....

What precautions should be taken to prevent these problems from arising?

.....

.....

What is the treatment required in any emergency?

.....

.....

FOR EMERGENCY USE ONLY

Name of Family Doctor	Address of Family Doctor	Telephone Number
Name of Medical Specialist	Address of Medical Specialist	Telephone Number

****PLEASE TURN OVER to complete the form, attaching any further relevant information

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MEDICATION CONSENT

- Parents/guardians are requested to inform the OSHC team (ph. 08 8334 1248 or *oshc@pac.edu.au*) of any medications that may be required while the student is in the care of Prince Alfred College staff.
- Medications taken during the day should be stored with the OSHC team unless other arrangements are made with staff.
- All medications administered or taken in OSHC will be recorded.
- Asthma management will be dealt with as recommended by Asthma SA unless other instructions are attached to this Health Form.

Please list below any **non-prescription** medications that may be needed whilst in the care of Prince Alfred College staff and the condition for which it is intended.

Please supply a small amount of the medication to the staff member responsible for the care of your child - in its **original container** with the **expiry date**, your child's **name** and instructions as to **dosage / frequency.**

MEDICATION	CONDITION

MEDICAL CONSENT FORM FOR NON-PRESCRIPTION MEDICATION

I ..... *(PRINT NAME)*

being the parent/guardian of ..... (*PRINT NAME OF ATTENDEE)*
consent to the administration of medications indicated above for the treatment of minor illnesses or injury, and any others as notified by me in writing as required. I undertake to inform you of any changes to the information contained in this form.

This consent shall remain valid unless withdrawn and notified by myself in writing to the OSCH team.

Signed ..... Date .....

Prescription and Restricted Medications:

- Prince Alfred College staff will administer or assist in the self-administration of Prescription and/or restricted medication having received documentation from the doctor and/or parent/guardian.
- Prince Alfred College staff will **only** administer or assist with the self-administration of medication **when** the medication is provided in its **original container** with the label clearly displaying the **student's name** and the **required dosage**.
- Please contact the Prince Alfred College OSHC team on 08 8334 1248 or *oshc@pac.edu.au* if assistance with prescription or restricted medications is required.

Important: MEDICAL AUTHORISATIONS

Please Sign & Date. **Please contact the school if you have any queries about the consents below.**

I ..... *(print name)*

being the parent/guardian of ..... *(print name of student)*

- Consent to the administration of medications indicated above for the treatment of minor illnesses or injury, and any others as notified by me in writing as required.
- Consent to PAC school staff taking all reasonable and appropriate measures in the event that my son requires first aid, nursing or medical care whilst at school.
- Agree to be responsible for any associated costs, including transportation.
- Authorise the Principal (or their delegate) to consent to urgent medical treatment when parents/guardians cannot be contacted.
- Undertake to inform you of any changes to the information contained in this form.

This consent shall remain valid unless withdrawn and notified by myself in writing to the school.

Signed ..... Date .....