

PAST ILLNESSES

Tick those illnesses the boy has had and indicate the year:

Chicken Pox _____ German Measles _____ Rheumatic Fever _____
 Glandular Fever _____ Mumps _____ Measles _____

PRESENT CONDITIONS

Tick any conditions the boy currently has and indicate the usual medication or treatment:

Epilepsy _____ Hepatitis _____
 Head Injuries _____ Diabetes _____

Special needs/Disability/Other: _____

Tick any other general conditions/health considerations:

Eyesight Glasses Hearing Bed wetting Weight

Other current treatment of which the School should be aware:

Other special needs which may affect the student’s participation in school activities and sport:

MEDICATIONS HELD IN CLINIC

Tick the conditions you consent to be treated:

Colds Bronchitis Headaches Migraine

Tick the medications you consent to be administered:

Paracetamol Aspirin Panadeine Sudafed Nurofen
 Imodium Mylanta Tussinol Cough Elixir Senega & Ammonia

OTHER MEDICATIONS

Please indicate any prescription or non-prescription medications you wish to have held in the ‘PRESCRIPTION’ container in the School Clinic (permission to administer the medications will be assumed):

If there are any further health considerations, please use a separate sheet and attach to this form. If you have any enquiries or you wish to discuss the information supplied, please contact the Clinic Sister, Sue Horsnell, on 9568 9426.

CONTACT DETAILS IN CASE OF EMERGENCY OR SERIOUS ILLNESS

Mother/Female Guardian: _____

Daytime phone: (____) _____ Mobile: _____

Evening phone: (____) _____ Email: _____

Father/Male Guardian: _____

Daytime phone: (____) _____ Mobile: _____

Evening phone: (____) _____ Email: _____

Other (Relative or family friend): _____

Daytime phone: (____) _____ Mobile: _____

Evening phone: (____) _____ Email: _____

AUTHORITY FOR MEDICAL TREATMENT

I/We, the undersigned, hereby give consent for administration of medications listed above and any treatment considered necessary or desirable by Clinic staff at Newington College for the student named at the top of this form.

I/We agree to the student being referred to local doctors, dentists or physiotherapists as necessary. In case of medical emergency or accident, I/We consent to the student being transferred to the nearest hospital. I/We give permission for the Headmaster, Heads of Campuses or Senior Boarding Master to authorise the use of anaesthetic in an emergency.

Please sign:

Mother/Female Guardian: _____ Date: _____

Father/Male Guardian: _____ Date: _____