



# So that we can look after your children safely, please complete this Downlands Student Health and Medical Consent Form



<b>Student Details</b>		<b>Medicare Card</b>	
Student Name:		Number: _____	
Date of Birth:		Position on Card:	
Student ID Number:		Expiry Date:	
School Year Level:			
<b>Private Health Insurance</b>		<b>Health Care Card</b>	
Fund Name:		Number: _____	
Membership Number:		Name on Card:	
		Expiry Date: __ __ / __ __	
<b>Hospital Preference:</b> Please indicate your hospital preference in the event of emergencies. <input type="checkbox"/> St. Vincent's Emergency Centre – Upfront minimum \$290.00. <input type="checkbox"/> Toowoomba Base Hospital – No out of pocket expenses, extended waiting periods possible.			
<b>Current Medications</b> (including asthma medications). Please include dosage and frequency.		<b>Allergies:</b> Please list all allergies and treatment if required. <b>Anaphylaxis plans MUST be provided for all students with epipens.</b>	
		Allergy	Treatment
<b>Asthma</b>		<b>Immunisation History</b>	
Does your child suffer from asthma?    Yes    No		<i>Please provide dates.</i>	
<b>If yes, please attach current asthma plan.</b>		Hepatitis B:	
Triggers:		Influenza:	
Has your child received any oral steroid medication in the last 12 months?    Yes    No		Tetanus:	
<b>Medical/Surgical/ Psychosocial History:</b> Please provide details of any past/current health concerns (including injuries).			

## Medical and Records Consent

In the event that it is not possible or reasonable for myself to give treatment consent, and the above mentioned student requires medical assistance or attention, I authorise a representative of Downlands College to arrange for the appropriate care. This may in exceptional circumstances include, but not limited to, general anaesthetics, blood transfusions, hospitalisation or surgery. In this event I/we agree to pay for all costs and expenses arising directly or indirectly out of such treatment.

I/We acknowledge that over the counter medication may be dispensed as directed to the above mentioned student by responsible staff members for the temporary relief of minor ailments. I/We will notify the Health Centre in writing if I/we do not want this to occur.

I authorise the Downlands College Health Centre staff to disclose information on the Student Health and Medical Consent Form to those directly involved in the student's care including the House Parents, College Counsellor and relevant College staff.

**I/We undertake to inform the College of any changes to the information contained in this form as and when necessary.**

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

Name (parent/carer): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (parent/carer): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_