

Confidential Medical and Consent Details

Participant Details

First name	Last name	<input type="checkbox"/> Male	Date of birth
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>
School name	Year group		
<input type="text"/> Melrose Primary School	<input type="text"/>		
Postal address	Postcode		
<input type="text"/> 25 Silva Drive, Wodonga, Victoria	<input type="text"/> 3690		

Parent / Guardian Contact Details

First name	Last name		
<input type="text"/>	<input type="text"/>		
Postal address	Postcode		
<input type="text"/>	<input type="text"/>		
Home phone	Email		
<input type="text"/>	<input type="text"/>		
Mobile phone	Work phone	Fax number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship to participant <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Family member			

Allergies & Special Diets

If your child has a special dietary need please provide information using the categories below.

1. Food related anaphylaxis diagnosed by a doctor. (An anaphylaxis action plan and at least one adrenaline auto-injector **MUST** be provided).

Please indicate the item/s your child CANNOT eat

Peanuts Tree nuts Egg Wheat Sesame Crustaceans Fish Milk Soy Sulphites (specify below)

Other/further information _____

2. Allergy or intolerance. (Particular foods can cause discomfort and illness, but are not life threatening).

Please indicate the item/s below your child CANNOT eat

Peanuts Tree nuts Egg Wheat Sesame Crustaceans Fish Milk Soy Gluten Lactose/Dairy
 Yeast Food Additives (specify below) Sulphites (specify below)

Other/further information _____

3. Aversion/religious beliefs/lifestyle choice. (You or your child have made a decision not to eat these foods, or to eat certain types of foods).

Please indicate your child's special diet

Vegan Vegetarian No red meat No beef Halal Kosher

Other/further information _____

4. Non-food related allergy. (A doctor has diagnosed my child with a non-food related allergy).

Please indicate your child's non-food related allergy

Insect bite/sting (specify below) Medication (specify below) Other (specify below)

Other/further information _____

Has he/she been hospitalised with a severe allergic reaction Yes No

Has he/she been prescribed an adrenaline auto injector (EpiPen® or AnaPen®) Yes No

Does he/she have an ASCIA Action Plan for anaphylaxis Yes No

Children diagnosed with anaphylaxis must have an ASCIA Action Plan and at least one auto-injector. (Please attach and return with the form).

Health Details

Does the participant suffer from the following? (Please attach details as required).

A current illness (e.g. flu) A disability/chronic illness Asthma (provide asthma plan) Bed wetting
 Attention deficit disorder (ADD/ADHD) Behavioural problems Diabetes Epilepsy Sleep walking Skin condition
 Other _____

Current medication

Name	Time and dosage – please specify exact time of medication (attach details as required)									
	Breakfast		Lunch		Dinner		Before bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose

- Notes:
1. Scheduled medication must be provided in the original container (as required by legislation).
 2. Staff will collect, supervise and register the taking of all medication.
 3. Participants at risk of anaphylaxis need to provide at least one auto injector (e.g. EpiPens®/AnaPens®).

Student behaviour

'I understand that in the event of my son's/daughter's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.'

Photograph consent

'I also consent to my child being photographed and/or visual images of my child being taken during activities by the school for use in the school's publications, school's website or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.' [Strike out if you do not consent]

Consent for emergency transportation

'In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff.'

Parent consent

By signing below, you agree that you have read all of the above information provided by the school in relation to the Canberra Excursion.

I hereby give permission for _____ to attend the Canberra Excursion.

Parent/guardian: _____ (full name)

_____ (signature) _____ (date)