

Ironbark Student Consent & Medical Form

IMPORTANT: Please complete and return to ironbark@stpeters.qld.edu.au **three weeks before** your child will attend Ironbark.

Section 1: Parent/Guardian Consent

Ironbark staff members take very seriously the responsibility they assume for the safety and wellbeing of all students who come under their care. Great care is taken to ensure that safety and well-being. The Ironbark staff will ensure as much as is reasonable that parents are kept informed and consulted about matters of importance relating to their child. Parents are asked in return to inform the Director of any important information prior to or during their child's stay at Ironbark so that appropriate care can be provided.

I give my consent for my child to participate in the Ironbark program and agree to delegate my authority to the staff involved.

Staff may take whatever disciplinary action they deem necessary to ensure the safety, well-being and good conduct of the students as a group or individually in the Ironbark program. I agree to pay all expenses should it be necessary to send my child home for medical or disciplinary reasons.

I authorise the staff to obtain the medical assistance that they deem necessary, should an accident or illness occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic as required.

I submit the following medical information about the above student and include details of any limitations that may affect him/her during the Ironbark program.

I have read and understand the information package and agree to accept the terms and philosophy of the Ironbark program.

Student Name	Signature
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Parent/Guardian Name	Signature
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Section 2: Student Details

First Name (preferred)	Surname
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Date of birth	/	/
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Home address

Section 3: Parent / Guardian Details

Parent/Guardian (1) Name	Relationship to student
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Home	Work	Mobile
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Email

Parent/Guardian (2) Name	Relationship to student
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Home	Work	Mobile
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Email

Other contact (emergency only) Name	Relationship to student
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Home	Work	Mobile
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Email

Section 4: Medical Details

Medicare Number	Student's Position on card	Expiry date
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Name of Person at top of card	This persons date of birth
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Private Health Fund	Member Number
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After hours hospital preference (please circle)	Public / Private
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Student Name: _____

Section 4 cont'd: Medical Details

Family Doctor Name and Practice _____

Phone _____

Email _____

Orthodontist Name and Practice (if applicable) _____

Phone _____

Email _____

Section 5: Confidential Student Medical Information

Please list any medical conditions and provide details of treatment plans and prescribed medications (include dosage and frequency) which affect the student. Include vitamins and supplements. **If your child is diagnosed with Anaphylaxis, Allergies and/or Asthma, we will require the Allergy Action Plan or Asthma Action Plan signed by your doctor to be attached to this medical form.** Please consult your doctor for details. If your child needs to bring an EpiPen please ensure that two come to Ironbark.

If your child has experienced issues with anxiety or depression this also needs to be communicated. It is essential that you contact the Director of Ironbark prior to the program to provide some history of this. In some circumstances a medical clearance may need to be provided by a medical professional for your child to attend.

All medication will be stored in the Health Centre and issued by staff. Exceptions may be made in cases requiring self-administration – please contact the Director prior to the program if this applies. Please advise Ironbark in writing/by email of any changes to this list before the commencement of the program.

Condition	Treatment plan	Prescribed medication

Minor Medical Issues: Students at Ironbark will, from time to time, experience minor health issues as is the case when at home. We carry supplies of over-the-counter medications to administer for short term relief and ask that parents do not provide your child with over-the-counter medicines unless required on a regular basis (enter details above if that is the case). Please do not send non-essential items or items which have not been specified above.

Restrictions: Please advise below any medical restrictions that exist for your child. List any medications or procedures for which you do not give permission.

Section 6: Specific Dietary Requirements

Food	Reason for exclusion from diet	Recommended substitute