

Ironbark Holiday Program Consent & Medical Form

IMPORTANT: Please complete and return to Ironbark staff upon arrival at Ironbark.

Section 1: Parent/ Guardian Consent

Ironbark staff members take very seriously the responsibility they assume for the safety and well-being of all students who come under their care. Great care is taken to ensure that safety and well-being. The Ironbark Duty Staff will ensure as much as is reasonable that parents are kept informed and consulted about matters of importance relating to their child.

I give my consent for my child to participate in the Ironbark Holiday 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 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 further authorise qualified practitioners to administer anaesthetic as required.

Parent Name _____ Signature _____

Section 2: Student Details

First Name (preferred) _____ Surname _____

Date of birth ____ / ____ / ____

Home address _____

Parent/Guardian Contact details

Parent/Guardian (1) Name _____ Relationship to student _____

Home _____ Work _____ Mobile _____

Email _____

Parent/Guardian (2) Name _____ Relationship to student _____

Home _____ Work _____ Mobile _____

Email _____

Medicare Number _____ Position on card _____ Expiry date _____

Private Health Fund _____

After hours hospital preference (please circle) _____ Public / Private _____

Family Doctor Name _____ Phone _____

