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 detail | ls | | | |
| 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 | | |

Section 3: Confidential 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. 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.

| Condition | Treatment plan | Prescribed medication |
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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.

Please list any over-the-counter pharmaceutical products for which you do not give permission:

Section 4: Specific Dietary Requirements

| Food | Reason for exclusion from diet | Recommended |
|------|--------------------------------|-------------|
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