

NAME: _____ YEAR: _____ FORM: _____ DATE OF BIRTH _____

STUDENT MOBILE: _____ STUDENT EMAIL: _____@eq.edu.au

Parent/Carer emergency contact	Name:	
	Relationship to student:	
	Phone number:	
	Email address:	
2 nd emergency contact	Name:	
	Relationship to student:	
	Mobile number:	

MEDICAL INFORMATION

PROBLEMS			DETAILS
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food Drug Ointments Other	YES / NO	If yes, does the student have an EpiPen. YES / NO
DIABETES		YES / NO	
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	
PHOBIAS		YES / NO	
BACK, BONE, JOINT PROBLEMS		YES / NO	
TENANUS BOOSTER		YES / NO	DATE:
OTHER (including allergies)		YES / NO	

Circle any 'new' medical information provided above you would like updated in OneSchool records.

Medication currently being taken: Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions.

Please give details of any **problems - medical or physical** - which would limit your student's full participation in any activity, **including any food restrictions and/or allergies.**

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.

Consent

By signing this form, I agree to all the following statements:

- I have read and understand all of the information contained in the accompanying letter, including information about transport, media permissions, this consent form and any additional material attached.
- I am aware that the department does not have personal accident insurance cover for students.
- I give consent for the named child/student to participate in the identified activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the child/student may reasonably require, including contacting their doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transport costs) and undertake to reimburse the Department the full amount of those costs.
- I have provided the school with all relevant details of the child/student's medical or physical needs on registration /enrolment and where relevant have updated this information.
- I give consent for student contact information to be shared in relation to this activity in compliance with relevant Queensland Chief Health Officer's Directions.

Parent/Carer Name: _____ Relationship to student: _____

Parent/Carer Signature: _____ Date: _____

You may also wish to update/provide the following optional information*:

Name of child/student's medical practitioner: _____ PHONE: _____

Name of medical practice (if relevant): _____

Medicare No.: _____ Student's number on card: _____

Private Health Insurance (if applicable): _____ Membership No.: _____

☐ I would like this additional information to be recorded in OneSchool records.

#Privacy Statement

The Department of Education is collecting the personal information in this form in order to:

- obtain consent for the named child/student to participate in the named off-site activity;
- help coordinate the off-site activity;
- respond to any injury or medical condition that may arise during or as a result of the off-site activity; and
- update school records where necessary.

The information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g. in compliance with relevant Queensland Chief Health Officer's Directions.