

Southern Adelaide and Fleurieu Trade School - Medical Release Form - 2017

STUDENT'S NAME: _____
Surname Given Name(s)

HOME ADDRESS: _____ HOME PHONE: _____

MOTHER'S NAME: _____ MOBILE NO: _____ WORK NO: _____
 FATHER'S NAME: _____ MOBILE NO: _____ WORK NO: _____

In case of injury or illness, every effort is made to reach either parent/caregiver at home or contact person on telephone number listed below. A child is not sent home to an empty house without the permission of the contacted person.

NAME OF CONTACT (other than parent/caregiver)	RELATIONSHIP TO STUDENT	PHONE NUMBER

Staff will administer basic first aid. The school will normally rely on the contacted person to arrange medical treatment. We will contact Noarlunga Hospital Emergency in cases where urgent treatment is required. For such cases, the following information about your child should be completed.

DATE OF BIRTH: _____ MEDICARE NO: _____ MEDIC ALERT NO: _____

FAMILY DOCTOR: _____ SPECIALIST(if appropriate): _____

AMBULANCE COVER: - YES / NO _____ DATE OF LAST TETANUS IMMUNISATION: _____

Does your child wear glasses **YES / NO** contact lenses **YES / NO** hearing aid **YES / NO**

Provide details of any known medical/health conditions i.e. allergies(what to and symptoms), asthma, diabetes, epilepsy etc. below.

MEDICAL CONDITION	MEDICATION	MEDICAL EQUIPMENT REQUIRED

AUTHORISATION: I authorise the Principal, on my behalf, to take what reasonable medical action is deemed necessary.

Signature of Mother/Caregiver: _____ Signature of Father/Caregiver: _____