

CARNARVON SCHOOL OF THE AIR CONSENT AND MEDICAL FORM

NAME OF CAMP/SEMINAR/EVENT _____

DATE/S OF EVENT _____

The following Personal Data/ Medical Authority must be completed, signed and returned to school prior the camp and will be kept confidential by staff.

Student Details:

Name of Child
(Surname) (First Name)

Year Level Age Last Swimming Stage Passed

Parent/Guardian Details:

First Name Surname

Address

Phone No (Home) (Fax)

Emergency Contact: (Only to be used if parents can not be contacted)

First Name Surname

Address

Phone No (Home) (Work)

Declaration:

I give permission for my son/daughter to participate in (name of camp) activities, including swimming lessons. Permission is also given for the above child to travel on a variety of public transport modes and to be transported in SOTA vehicles should the need arise.

Signature
Parent/Guardian

Date.....

MEDICAL FORM

This confidential form is intended to assist staff and medical personnel, should an emergency arise during the camp. (This signed consent is required for all children attending school camps and extended educational excursions within the State education system)

Student's Name.....

Date of Birth Blood Group..... (If known)

Name of Family Doctor..... Telephone

Medicare No.....

Medical/Hospital Insurance..... Membership No

Please tick if your child suffers from any of the following:

Heart Condition Sleep Walking Travel Sickness

Fits of any type Black Outs Dizzy Spells

Migraine Asthma Bed Wetting

Diabetes Hearing Problems

Other (please provide adequate information)

.....

Allergies to:

Penicillin

Other drugs (Please provide adequate information)

Any foods

Other allergies

What special care is recommended?

.....

Tetanus Immunisation: Last immunisation date..... If over 10 years since last immunisation, will you be arranging a booster before camp? YES / NO

Medication: Does your child require medication whilst at Seminar? YES /NO

If **yes**, what type and dosage?

My child will self administer their medication? YES / NO

I request that school staff administer the above medication. YES / NO

Please note: Where a child requires medication whilst attending Camp, please read and complete the attached medication information and forms

Consent to medical attention:

Where it is not practical to communicate with me, I authorise school staff to consent to my child receiving such medical treatment as may be considered necessary.

Signed.....
Parent/Guardian

Date.....

STUDENT MEDICATION REQUEST - APPENDIX 1 - UPDATE 1997

SCHOOL: **Carnarvon School of the Air**

To be confidentially stored until the student is 25 years old.

Year document to be destroyed _____ (Year)

STUDENT MEDICATION REQUEST

NOTE:

Where possible student medication should be self-administered by the student or be administered by parents at home at times other than during school hours. If the Principal of the school is to approve of school staff administering or supervising the administration of medication to a student, then the following requirements must be met.

The doctor prescribing the drug must be aware that the school will supervise or carry out administration of medication on the instructions provided. It is therefore necessary that the doctor provide instructions - as per Medication Instructions From Prescribing Doctor. (See Appendix 2) These instructions are a mandatory requirement and are necessary when the school staff are to administer the drug, supervise the administration of the drug, or monitor the student after drug administration.

Drugs for administration should be delivered to the schools into the care of a staff member. The school will prepare a student medication record and store the drugs in a secure place. All drug should be contained in properly labelled containers showing the name of the drug, the name of the student and the appropriate dose and frequency.

(Please print)

Name of parent/guardian/carer _____

Name of Student _____ Date of Birth _____

Current School _____

Name of prescribing doctor _____

Medical condition being treated _____

Name of drug _____ Dose _____ Time to be taken _____

(It is the responsibility of the parental/guardian/carer to provide the correct drug properly labelled. Improperly labelled drugs will not be administered).

Commencement date _____

Conclusion date _____

Replacement date of drug if appropriate _____

Comments (any additional information may be attached).

- Note: 1 A new request/record agreement needs to be made:
- if the dose or medication type is altered;
 - if the regime is re-started following the expiration of this order;
 - at the beginning of each NEW calendar year;
 - if the designated teacher alters.

Note: 2 This agreement form is only valid in conjunction with Appendix 2 of instructions from the prescribing doctor.

Parent/guardian/caregiver DATE
(Please specify which applies)

Principal DATE

STUDENT MEDICATION REQUEST - APPENDIX 2 - UPDATE 1997

To be confidentially stored until the student is 25 years old.
Year document to be destroyed _____ (Year)

MEDICATION INSTRUCTIONS FROM PRESCRIBING DOCTOR

These instructions are requested from the prescribing doctor to enable the school to maintain its duty of care' when administering prescribed drugs to students whose condition would otherwise preclude attendance at school.

Dr _____
Address _____
Telephone _____
I have prescribed the drug _____
for (name of student) _____ Date of Birth _____
to treat the condition of (name of medical condition) _____
This drug needs to be administered (dose) _____
(frequency/time) _____

Are special arrangements necessary to administer the drug or monitor the student after drug administration? Yes No

If so, provide details below.

(Signature of Prescribing Doctor)

DATE

May be faxed to Carnarvon School of the Air – 99411420

4.2.15 ADMINISTRATION OF MEDICATION

•PARENTS' RESPONSIBILITIES

Parents are responsible for seeking assistance from the school if a student needs to receive medication during school hours⁴, for providing the medication, and for working closely with the school towards meeting the student's needs. The following information must accompany a request for assistance:

The nature of assistance required, bearing in mind that medicating out of school or students self-medicating are the preferred modes (unless the medical practitioner indicates otherwise);

Advice about the related condition because in some cases a health care authorisation and an emergency authorisation will also be needed (e.g. asthma, allergic reaction to bee sting. See **Health Care Authorisation** - Appendix 1); and Information from the prescribing doctor including the form the medication takes, when to administer and how often, any symptoms associated with misuse, over-use or under-use (see **Health Care Authorisation** - Appendix 1 5). The Department may also seek advice from the Department of Health.

Parents may be asked to provide additional information, such as:

Whether the student can assume responsibility at some time in the future; and

Whether parents or a nominee are available to administer medication/procedure, if there is no school staff to do so.

The parent must ensure that medication is clearly labeled, is not out of date and is provided in the quantity agreed, and that equipment is in good working order.

If medication is being taken, the parents must advise the school of any likely effects, which could affect student performance (e.g. medication used for travel sickness, antihistamines, Ventolin, and cough mixtures can have side effects such as drowsiness, and nausea).

⁴ The exceptions are short-term conditions where non-prescribed medication is self-administered by the student. In these cases notification of self-medication by the student is not required. ⁵ The exceptions are short-term medications such as courses of antibiotics, which are required during the school day. In these cases directions on medication can be provided by the parent rather than the medical practitioner.

Department of Education – Student Health Care

All Department of Education employees are required to comply with all policy and procedural statements of this Document. Failure to do so may result in disciplinary action.

Student Health Care Policy and Procedures

•SCHOOL'S RESPONSIBILITY

Schools have a responsibility to manage requests for health care assistance. The principal consults with the parents, the school staff and the community nurse, and then determines what assistance is needed (based on advice from the medical Practitioner and if necessary the Department of Health), what can be provided by the school (based on the availability of appropriately trained staff and an assessment of the risks), and what can be accessed from other sources (e.g. local General Practitioner, Silver Chain Nursing Service, local paramedical services, the parents themselves).

The choice of a prescribed medication is recognised as beyond staff responsibility and is not a subject on which comment is provided. Individual members of staff may decline to administer prescribed medication or undertake a health care procedure.

All relevant medical information must be available to those staff who have a student under their care. The potential hazards involving the use and misuse of any drug or medication can be severe. Staff needs to be informed if a student's performance or behaviour is likely to be affected by a medication. Medication which is not labeled correctly or is out of date, or equipment that is not in good working order will not be accepted for use.

Schools will normally not be involved in administering non-prescribed medication.

Schools should alert parents if there are frequent requests for analgesics as there could be underlying medical or psychological causes requiring professional investigation. Analgesics are non-prescribed pain suppressants (e.g. aspirin and paracetamol) and can have undesirable side effects

⁶ If it is agreed that an amount of medication will be stored by the school, the agreed amount will be handed to the assigned staff member for safe storage. Most prescribed medication will be stored in a lockable compartment or cupboard which can only be accessed by authorised persons. Medications which are required to be refrigerated should be under the care of the staff member who is responsible for the student and should be isolated in a secure labeled container. An arrangement with the school is necessary if the student needs to have the medication of immediately accessible (e.g. Ventolin for asthma – see **Management of Asthma**, Appendix 5.4).

Department of Education – Student Health Care

All Department of Education employees are required to comply with all policy and procedural statements of this document. Failure to do so may result in disciplinary action.

Aspirin must never be administered to students without a medical practitioner's written instruction because of the possibility of the development of Reye's Syndrome (a potentially fatal disease of childhood).

Department of Education – Student Health Care

All Department of Education employees are required to comply with all policy and procedural statements of this document. Failure to do so may result in disciplinary action.

Aspirin must never be administered to students without a medical practitioner's written instruction because of the possibility
Queries regarding staff responsibilities should be directed to the workplace relations area of the Department.