WINDY RIDGE SCHOOL

HEALTH PROFILE & MEDICAL CONSENT

ONE FORM MUST BE COMPLETED FOR EACH PARTICIPANT, INCLUDING ADULTS.
THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT, AND A COPY RETAINED BY THE SCHOOL CONTACT.

Name:
Room:

Medic alert number (if applicable)**:**

PLEASE TICK IF YOU HAVE ANY OF THE FOLLOWING:

Migraine	☐	Epilepsy	☐	Asthma	☐
Diabetes	☐	Travel sickness	☐	Fits of any kind	☐
Chronic nosebleeds	☐	Heart condition	☐	Dizzy spells	☐
Colour blindness	☐	ADHD	☐	Other *(please specify)*	

For overnight events

Sleepwalking	☐	Bedwetting	☐	Other *(please specify)*	

MEDICATION

Are you/your child currently taking any medication? Yes ☐ No ☐

If yes, please provide the following information:

Health condition/s

Name of medication/s

Dosage and time/s to be taken

Other treatment

Is a healthcare plan required?
(This provides more detailed health info, contact info, and what to do in an emergency). Yes ☐ No ☐

Have you had any major injuries (breaks or strains) or illness (e.g. glandular fever) in the last 6 months that may limit full participation in any activities? Yes ☐ No ☐

If YES, please state the injury/illness:

ALLERGIES **Are you/your child allergic to any of the following?**

	Yes	No	Please specify
Prescription medication	☐	☐	
Food	☐	☐	
Insect bites/stings	☐	☐	
Other allergies	☐	☐	
What treatment is required?			

When was your /your child's last tetanus injection?

Do you/your child have any special dietary requirements?

What pain/flu medication may your child be given if necessary?

To the best of your knowledge, have you/your child been in contact with any contagious or infectious diseases in the last 4 weeks? Yes ☐ No ☐

If **YES**, please provide brief details:

Is there any information the staff should know to ensure the physical and emotional safety of you/your child? Yes ☐ No ☐
E.g. cultural practices, disability, anxiety, fear of heights/darkness/small spaces, pregnancy, behavioural or emotional problems

If YES, please state or attach the information:

TO BE READ AND SIGNED BY THE ADULT VOLUNTEER, OR PARENT/CAREGIVER OF THE CHILD PARTICIPANT

(Tick)

- ☐ I agree that if a prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened, and handed to the designated adult with instructions on its administration.
- ☐ I will inform the school as soon as possible of any changes in my/my child's medical or other circumstances between now and the commencement of the event.
- ☐ I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, considered necessary by the medical authorities present.
- ☐ Any medical costs not covered by ACC or a community service card will be paid by me.
- ☐ If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense.

Name

Signature Date