

**MEDICAL HEALTH FORM
(for each child in family)**

FAMILY NAME:..... Child's Names:..... Birth Date: .../.../.....
 Medicare Number: Health Card No: Medic Alert No:.....

DESCRIPTION	SYMPTOM/REACTION (what happens)	RESPONSE (what do we do)
Allergies (bee, food etc)
Asthma/respiratory problems
Epilepsy (seizures/convulsions)
Heart Condition
Vision/Hearing problems

• Please see the Director for a **Health Care Plan** for your child/children in regards to the above conditions*

Does your child have any medical condition, medication or health problem that might affect him/her during:

- Indoor activities **Y/N**
- Outdoor Activities **Y/N**
- On excursions **Y/N**
- At a particular activity **Y/N**

Has the child suffered any illness that may re-occur? **Y/N** If yes, which illness?

Please attach additional information and see the Director for a Health Care Plan.

Is the child fully immunised as appropriate for his/her age? **Y/N**

If no, please give details:

I accept full responsibility if my child is not immunised.
 Parent/guardian signature:

Are there any special dietary requirements relating to your child's health? If yes, please give details:

Does your child need special aids or equipment? (eg: glasses, hearing aid, callipers). If yes, please give details:

1. All medication must be prescribed by a doctor (including Panadol) and supplied in the original container with the child's name clearly marked.
2. A permission to administer medication form (or Health Care Plan) must be signed by the parent/doctor before medication can be administered by OSHC staff or self administered by children over 8 years of age.

I give permission for the appropriate forms to accompany my child in an emergency situation. I understand that this information will be treated confidentially.

Parent/guardian signature:Date: .../.../.....

Interviewed/accepted by: Date: .../.../.....

**OSHC EMERGENCY CONSENT FORM
AMBULANCE SERVICE COVER
CONFIDENTIAL**

NAME(S) of CHILD/CHILDREN:

MEDICAL EMERGENCIES

Are you aware of any possible medical emergencies which could affect this student? **YES/NO** If yes, please give details.....

.....
.....

Has the child's doctor indicated how it should be treated on the medical/health form? **YES/NO**

I/WE authorised the staff of Linden Park OSHC (after all attempts have been made to notify the parent(s) guardian in the event of an emergency) to seek emergency medical, hospital and/or ambulance services for my child/children.

If in an emergency my child/children is/are in need of medication and I/WE are unable to be contacted I understand that medication shall only be administered with the permission of a registered medical practitioner.

I/WE on behalf of the child/children who are named above have ambulance insurance cover with (please tick):

- St John's Ambulance
- Private Health Insurer. Name:.....
- Any Other Insurer. Name:

Legal responsibility for paying ambulance service fees where an ambulance is called for a child rests with the parent or guardian of the child not with the OSHC Service. The Ambulance Service will render an account in the name of the parent or guardian of the child concerned. This is in accordance with the requirements of the Ambulance Services Act 1992. If the parent or guardian is not a member of the Ambulance Service, but has some other form of insurance which covers ambulance services then the parent must submit the account to that insurer for payment.

or

Neither I/WE nor the child, nor anyone else on the child's behalf hold ambulance insurance cover. YES (circle if applicable)

If the parent or guardian or the child, is not a member of the ambulance service, and does not have any other form of insurance in relation to ambulance service, a request for payment may be made to the school. The school must provide a Statutory Declaration form for the parent/guardian for completion.

I/WE understand that medical records/relevant information relating to our child will be accompanying him/her in the event of an emergency and give permission for an exchange of information to the appropriate person(s). I understand that this information will be treated with confidentiality.

Authorisation by parent(s) or guardian signature(s):.....