



MEDICAL CONSENT FORM

Student's surname

First Name.....Known as.....

D.O.B /..... /.....

Medication at School:

Do you give consent for your child to be administered Paracetamol (Panadol) for pain relief or fever?

Yes No

Peace Lutheran College stocks over the counter creams, lozenges and medical supplies. Do you give permission for your son/daughter to have these applied or given as per labelled instructions, under the direction and supervision of the school nurse?

Yes No

Please list any creams/supplies that you don't want administered and the reason:

If medication is required to be given at school, a letter of 'Authorisation to Administer Medication (available on the school website or from the college nurse) must be completed and signed by the parent/guardian authorising the nurse to administer this medication.

Please note: Students are not permitted to have medication in their possession (except for asthmatics, diabetics and students with severe allergies). It is requested that students/parents leave medication at the Health Clinic with a completed authorisation form.

Immunisation status: Please complete the immunisation table below

IMMUNISATION	YES	NO	YEAR LAST GIVEN
dTpa (Diphtheria, Tetanus, Whooping Cough)			
Hepatitis B			
HIB/Pedvax (Haemophilus Influenzae type B)			
Human Papilloma Virus (Cervical Cancer)			
Meningococcal C			
Meningococcal ACWY			
MMR (Measles, Mumps, Rubella)			
Poliomyelitis (Sabin)			
Prevenar			
Tuberculosis (BCG)			
Varicella			

AUTHORISATION - to be used in case of emergency: I hereby give authorisation for the College's representatives to give consent on my behalf for administering medications and any other measures deemed necessary by Medical Personnel. I understand my child will be accompanied by a staff member if hospitalisation is needed.

In the event of an emergency where it is impractical or not possible to contact the parent/guardian, nursing and other staff may act as they consider appropriate in all circumstances. In doing so, the College will act upon your assurance that the information contained in these forms is true and correct at the time of the emergency. Neither the College nor any of its staff can be held liable for any error which may occur or for any damage which might be caused as a result of their reliance upon this information.

Note: It is the responsibility of the parent/guardian to inform the College Nurse if any information on this form should change. Please forward any changes in details on this form to: nurse@plc.qld.edu.au.

The answers given on these forms are to the best of my knowledge and belief, true and correct.

Signature of Parent/Guardian.....

Printed NameDate..... /..... /.....



MEDICAL CONDITIONS

In order for us to care for your child, please can you complete the following medical condition form by ticking the appropriate condition and indicating with a '✓' for severe or 'x' for not severe. Please comment in the space below if special treatment/management is required. The nurse may then contact you to make an individual care plan.

Condition	Has your child been diagnosed with or had symptoms of:	Is it Severe? ✓ or x	Condition	Has your child been diagnosed with or had symptoms of:	Is it Severe? ✓ or x
E.g. Allergies	✓	x			
Allergies - Food			Fractured bones		
Allergies - General			Glandular Fever		
Allergies - Medication			Haemophilia		
Allergies - Bees/wasps			Hayfever		
Anaemia/iron deficiency			Hearing loss		
Anorexia/eating disorder			Heart Condition e.g murmur		
Anxiety			Hepatitis		
Asthma			Hypertension		
Attention Deficit Disorder			Hypotension		
Autism			Inflammatory Bowel Disease		
Autoimmune Disorder			Leukaemia		
Bronchitis/lung disease			Liver Disease		
Cerebral Palsy			Malaria		
Chronic Fatigue			Migraines		
Coeliac Disease			Neurological Disorder		
Dengue Fever			Rheumatic Heart Disease		
Depression			Sight – wears glasses/contacts		
Diabetes – type 1			Skin conditions		
Diabetes – type 2			Speech/Language disorders		
Ear Infections			Stress related disorder		
Eczema			Tonsillitis - recurrent		
Enuresis (bed wetting)			Tuberculosis		
Epilepsy			Urinary Tract/Kidney condition		
Epistaxis (nose bleed)			Other		
Fainting spells					

Special treatment/management required:

Please provide details on your student's surgical history or any further medical history not already noted:

Please give details of any regular medication your child takes (prescribed or over the counter)

See note on page 1-Authorisation to Administer Medication

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**MEDICAL CONSENT FORM FOR BOARDERS ONLY
WHILE AT PEACE LUTHERAN COLLEGE**

Medicare Number..... Expiry Date.....

Reference Number (number beside your child's name).....

Centrelink Health Care Card Number..... Expiry Date.....

IT IS IMPORTANT FOR THE COLLEGE NURSE TO HOLD A PHOTOCOPY OF THE MEDICARE AND HEALTH CARE CARD.

Private Health Insurance: Yes No

If 'Yes', Name of fund:

Fund number.....Expiry Date.....

Consent for General Anaesthesia

I give permission for the Head of Boarding or House parent to sign a consent form for my child to have a general anaesthetic in case of a medical emergency. This applies only if the College is unable to contact me on the numbers supplied by me to the College.

Signature of parent/guardian.

Medication at school

I give permission for my child to be given:

Medication	Yes	No	Medication	Yes	No
Paracetamol (Panadol)			Antihistamine e.g.:Zyrtec for allergies		
Ibuprofen (Nurofen)			Antacid e.g. Mylanta		
Cold and Flu			Cough Medicine e.g.: Benadryl		

Pharmaceutical Requirements

The College Nurse and Boarding House parents will administer medications deemed necessary by a Doctor. Parents will be notified if their son or daughter requires prescription medication. I understand that these pharmaceutical requirements for my child will be purchased by the College Health Clinic and I understand that the cost of medication will be added to my school account after notification from the nurse where possible.

Do you give permission for the boarding staff to administer prescription or non-prescription medication to your son or daughter under the direction and supervision of the school doctor or nurse? Yes No

Referral to Doctor

I give consent to the following:

- For my child to be seen by the College Doctor or GP from the College Dr's Practice or by an after hours doctor if a College representative considers this advisable. Yes No
- For my child to be transported and treated at Cairns Hospital in case of emergency. Yes No
- For my child to have a general/mental health check with the College Doctor/Nurse & blood tests at the doctor's request. (It is a requirement for all students who are eligible to sign up for the Closing the Gap (CTG) scheme which benefits Indigenous & Torres Strait Islanders.) Yes No
- For information emailed to me about my child to be sent to the Head of Boarding if deemed important for Boarding Staff to know. Yes No

Signature or Parent/Guardian.....

Printed name.....Date.....



Dental Care Consent – For Boarders

Student Name.....DOB.....

Throughout the school year there may be times when your child will require Dental Treatment. For us to best achieve this treatment with minimal waiting times for your child we are asking you to read and sign the following consent.

This will allow us to take your child to a Dental appointment with Queensland Health, James Cook University or to a private dentist where your child may be seen by a Dental Student, Dental Therapist, Oral Health Therapist, Dentist or a Private Dentist.

All Dental treatment that may be required will always be checked and signed for by the houseparent/guardian.

Any further follow up treatment or care and/or medication will then be given by the Peace Lutheran College Health Clinic.

Note: All Overseas Students will need to see a Private Dentist if they experience tooth pain or have an injury to their teeth or jaw. There will be a cost attached to this and arrangements will need to be made for direct payment on the day of treatment. Health Clinic staff or the Dentist will liaise with you regarding treatment requirements and payment.

If you have any questions regarding this information or the signing of this consent form, please email the clinic, nurse@plc.qld.edu.au.

Consent for Dental Treatment of Boarding Students at Peace Lutheran College

Please answer the two 'yes/no' questions and sign below to give consent for treatment.

I give consent for any of the Dental treatment set out below to be carried out by Queensland Health Oral Health Services or James Cook University, or by a Private Dentist.

Scaling, cleaning of teeth		
Restorations (fillings) in baby teeth		
Extractions (removal) of baby teeth		
Sealants (protective groove coating)		
Restorations (fillings) in adult teeth		
Extractions (removal) of adult teeth		
Pulp (nerve) therapy/root canal treatments on any tooth		
X-rays	Yes	No

I give permission for the **Legal Guardian/Houseparent** to sign the dental permission form for dental treatment (fillings, extractions and root canal treatment) as required.

Yes No

Signature of Parent/Guardian.....

Printed Name.....Date.....

Signature of Peace Lutheran College Houseparent.....

Printed name.....Date.....