



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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