

# Allendale East OSHC Medical and Health Form

(For each child in the family)

All information on this form is confidential

Medicare Number: \_\_\_\_\_ Health Card No: \_\_\_\_\_ Medic Alert No: \_\_\_\_\_

Does your child suffer from any of the following conditions:

| Medical Condition                                    | Special Instructions/Symptoms or Reactions |
|--|--|
| <input type="checkbox"/> Epilepsy (Type)             | _____                                      |
| <input type="checkbox"/> Heart Condition             | _____                                      |
| <input type="checkbox"/> Vision or hearing problems  | _____                                      |
| <input type="checkbox"/> Seizures/Convulsions        | _____                                      |
| <input type="checkbox"/> Asthma/other chest problems | _____                                      |
| <input type="checkbox"/> Diabetes                    | _____                                      |
| <input type="checkbox"/> Allergies (eg bees, food)   | _____                                      |

Any other relevant medical information eg ADD  
\_\_\_\_\_

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

|  |        |
|--|--------|
| Indoor Activities  | YES/NO |
| Outdoor Activities   | YES/NO |
| On Excursions  | YES/NO |
| At a particular Activity   | YES/NO |
| Has the child suffered any illness that may re-occur                     | YES/NO |
| If yes, which illness? Please attach additional information if required. |        |

Is the child fully immunised against tetanus and other childhood diseases? YES/NO  
Are there any special dietary requirements relating to your child's health? YES/NO  
If yes please give details: \_\_\_\_\_

Does your child need special aids or equipment? (eg glasses, hearing aids, callipers) YES/NO  
If yes please give details: \_\_\_\_\_

1. All medication must be supplied in the original container with the child's name clearly marked on the container.
2. A permission to administer medication form must be signed by a doctor before medication can be administered by the program staff or self administered by a child over 8 year 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. YES/NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Allendale East OSHC Emergency Consent Form

This form is to accompany a child in an Emergency

*All information on this form is strictly confidential*

Name of Child: \_\_\_\_\_

## Medical Emergencies

Are you aware of any possible medical emergencies that could affect this child? YES/NO

If yes, please give details of the medical emergency:

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

I/We \_\_\_\_\_ authorise the Director/Co-ordinator of the OSHC service, after all attempts have been made to notify the parents/guardian/approved person in the event of an emergency, to seek emergency medical, hospital and/or ambulance services for my child.

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

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Ambulance Service Cover

I/we have ambulance insurance cover on behalf of the child, who is named above, with:

St John's Ambulance

Private Health Insurance (Please Name) \_\_\_\_\_

Any other Insurer (Please 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. In accordance with the Ambulance Services Act 1992, the ambulance service will render an account in the name of the parent or guardian of the child concerned. If the parent/guardian is not a member of the ambulance service, but has some other form of insurance which covers ambulance services, then the parent/guardian must submit the account to that insurer for payment.

Or

I/We do not have any insurance for ambulance cover

If the parent or guardian 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 to the parent/guardian for completion. (In departmental Schools only)

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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_