

Cambridge Park Public School

35 Oxford Street, Cambridge Park NSW, 2747
PO Box 8021, Werrington County, 2747
Phone: (02) 4721 2556
Fax: (02) 4721 7567
Email: cambridgpk-p.school@det.nsw.edu.au

MEDICAL AND CONSENT FORM

Student Name: _____ Date of Birth: _____

Address: _____

Medicare no: _____

Is your child in good health? YES / NO

Does your child suffer from any medical and/or behavioural needs (including physical limitations, asthma, ASD, ADHD, or other special needs)? YES / NO

If yes please specify: _____

Does your child require regular prescription medication? YES / NO If yes please complete details below

Regulations require that all medication must be prescribed and must be provided in the original container/ packaging. Teachers will collect & administer all medication.

Time and dosage Please specify exact time of medication	Breakfast		Lunch		Dinner		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose
Medication name								

Has your child suffered from any acute illness in the past four months? YES / NO

If yes please specify: _____

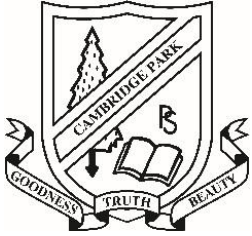
Has your child had any major surgery? (knee, heart, back etc) YES / NO

If yes, please specify: _____

Is your child's immunisation up to date, including tetanus? YES / NO

Does your child wet the bed? YES / NO Sleepwalk? YES / NO

Please see over →



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Allergies and Dietary information

Does your child have any allergies or dietary restrictions? YES / NO If yes please indicate below

Allergy (non food) _____

Vegetarian	Vegan	Halal	Dairy / Lactose allergy	Coeliac / Gluten free	Other food allergy (please specify)	Anaphylaxis- Please specify allergen

I understand that my child will receive medical treatment in the case of an emergency.

IMPORTANT NOTE:

When a medical practitioner has prescribed medication (including emergency medication) that will need to be administered during the excursion, parents are responsible for:

- Bringing this need to the attention of the school.
- Ensuring that the information is updated if it changes
- Supplying the medication and any 'consumables' necessary for its administration in a timely way.
- Collaborating with the school in working out arrangements for the supply and administration of the prescribed medication for the duration of the excursion.
- For some excursions the school will ask you to supply the medication in a different way to what has been already been agreed to by school. You may be asked to supply an additional adrenaline auto injector (i.e. EpiPen®) for example.
- The medication should be well within its expiry date.

Parent / Carer name: _____ Contact number: _____

Signature _____

Date _____

Parent / Caregiver