



### **MEDICAL FORM**

**Student name:**

YES NO

Allowed Panadol (Paracetamol)?

<input type="checkbox"/>	<input type="checkbox"/>
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Allowed Ibuprofen?

<input type="checkbox"/>	<input type="checkbox"/>
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Allowed Antihistamine?

<input type="checkbox"/>	<input type="checkbox"/>
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Allowed child to see the onsite  
appointed dental service provider  
e.g. Smilecare Mobile?

<input type="checkbox"/>	<input type="checkbox"/>
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**Family Doctor Name:**

**Phone Number:**

**Family Dentist Name:**

**Phone Number:**

### **PERMISSION FOR ADMINISTERING MEDICATION**

(e.g Mylanta, Topical creams, Cough Syrup). In some cases, it is necessary for medication to be given for such things as stings/bites, abrasions, cuts, indigestion and cold etc.

I give permission for the College to administer this treatment if necessary.

**Parent/Guardian Permission Signature:**

**Date:**

**IN CASE OF ACCIDENT OR EMERGENCY**

case of an accident or emergency and the college cannot contact you or if the accident is serious **the college may:**

- Transport my son/daughter to an Accident and emergency clinic for treatment
- Call an Ambulance if hospitalisation is required
- Administer EPI pen, Antihistamine or any prescription medication you have labelled and supplied as the caregiver/Guardian for your student(together with the consent Form)
- Use Ventolin Inhaler in an asthma emergency, if own medicine is unavailable
- Use our defibrillator in the event of a student suffering cardiac arrest.

**I give permission for Ormiston Senior college** to make such arrangements as are necessary including those listed, in case of an accident or emergency for the treatment of my son/daughter and agree to meet any cost incurred.

**Parent/Guardian Permission Signature:**

**Date:**

### **HEALTH NOTES**

Example: Medication requires for sensory loss, factors that may affect the student's behaviour, or any other conditions that the college should be made aware of:


### **MEDICAL CONDITIONS (PLEASE TICK)**

☐ Allergies, please clearly specify:

☐ Asthma ☐ Back/Neck Problems ☐ Coeliac Disease ☐ Diabetes ☐

Epilepsy. ☐ Headaches/Migraine ☐ Heart Condition

**OTHERS PLEASE SPECIFY:**

### **REACTIONS**

Bee or Wasp stings ☐ Hay fever ☐ Insect bites ☐

Latex/plasters Medications ☐ Sulfa ☐ Sunlight

**OTHERS PLEASE SPECIFY:**

## **VACCINATIONS**

Has your child completed their childhood immunisation programme? (if unsure, please contact your GP or Practice Nurse) YES ☐ NO ☐ Please supply a copy of your child's vaccination record.

☐ Diphtheria ☐ hepatitis B ☐ HIB ☐ HPV ☐ Measles ☐  
Mumps ☐ Pertussis (Whooping Cough) ☐ Polio ☐ Rubella ☐  
Tetanus ☐ Varicella (chickenpox) ☐ Rotavirus ☐ Pneumococcal ☐  
Meningococcal B

## **COVID 19**

Pfizer/Bio Tech 1<sup>st</sup> dose ☐ 2<sup>nd</sup> dose ☐ Novavax 1<sup>st</sup> dose ☐ 2<sup>nd</sup> dose  
☐ AstraZeneca 1<sup>st</sup> dose ☐ 2<sup>nd</sup> dose ☐

Single dose Janssen Pharmaceuticals ☐

<b>OTHERS PLEASE SPECIFY:</b>
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**In case of a serious accident or emergency, an Ambulance will be called. A parent/guardian will also be called so please always ensure that the College has your current contact details.**