		ronmenta					
SCHOOL:							
STUDENT'S NAME:							
ADDRESS:							
NAME OF PARENTA	/GUARD	IAN·					
PHONE NUMBER: H							
MEDICARE NUMBI							
ARE YOU IN A PRIV				NA	ME OF F	UND:	•••••
DOCTOR'S NAME:		•••••	PH	ONE NO:			•••••
SWIMMING ABILIT	Y						
My child ca	n swim s	trongly for:	0m	10m	20m	50m	100m
Date of last Tetanus In							<u>. </u>
PART A:							
Is your son/daughter c	currently	taking any m	edication	? YES / N	O - If YI	ES, please	complete the
following table:							
Medical Con	ndition	Medica	tion	Dosage		When to be taken	
PART B:							
DOES YOUR SON/D							
If yes, please give full	details -	severity, me	dication,	date of last	attack / op	peration / in	njury.
/	TITLE /	NO 1611	G 1	1 . 7			
(a) Asthma		NO - If YE					
(b) Other Respiratory							
(c) Drug Allergies				•••••	•••••	••••••	•••••
(d) Other Allergies (F	-			aammlata D	art C of th	ia farm	
(e) Diabetes		NO - If YE NO - If YE	-	-			
(f) Epilepsy		NO - If YE					
(g) Heart Problems		NO - If YE					
(h) Blood Pressure			· 1				
(i) Bed Wetting							
(j) Recent Operation							
(k) Special Dietary R							
(l) Other							
(1) Other	••••••		••••••	••••••	••••••	••••••	••••••
AGREEMENT BY PA	ARENT	OR GUARD	IAN				
I am aware of the				ed in the progr	ram		
		_				nd agree to de	elegate my authority to
the teachers invol		•		1	1 0	C	
I further authorise					uch medical	l attention as	may be deemed
necessary and I u		_			1. 6 .	.0.4	., .
I authorise qualify Logrify to the be-							
• I certify, to the be	est of Hily K	nowieuge, mat	шу сппа па	is not been in	comact with	i any infectio	ous disease for the pas

Tinaroo EEC is collecting personal information on this form for the purpose of ensuring the health and well-being of

My student and I are aware of the TEEC's 'Student's Code of Responsible School Behaviour'.

emergency or when it is not safe to be transported by canoes (eg. weather conditions).

individuals attending this Centre. This is in accordance with departmental policy. Tinaroo EEC may disclose some or all of this information to Centre/School staff, Queensland Emergency Service officers, medical practitioners as required. Personal information on this form can be disclosed to other third parties without the individual's consent where authorised or required by law.

I authorise the staff of TEEC to utilize private vehicles to transport my child to & from activities in the case of an

1 al chi/Gual ulali 8 Signatul c	Parent/Guard	ian's Signature	Date:
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Insurance cover for students undertaking physical activities

- Physical activity and physical education, particularly contact sports, carry inherent risks of injury.
- Parents are advised that the Department of Education Training and the Arts does not have Personal Accident Insurance cover for students.
- Education Queensland has public liability cover for all approved school activities and provides compensation for students injured at school only when the Department is negligent. If this is not the case, then all costs associated with the injury are the responsibility of the parent or caregiver.
- It is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.

PART C: Medical Management Plan

This part should be completed by all persons with a medical condition. Relevant conditions include asthma, allergic reaction, diabetes, heart conditions; back, knee and ankle complaints, epilepsy, respiratory disorders and blood pressure. Name:
1. Describe the condition. (Please print all details)
2. Is the condition life threatening? Please circle Yes No
3. What may trigger a medical emergency?
4. What can be done to prevent or reduce the chance of a medical emergency?
5. What are the signs and symptoms if you do have a medical emergency? (Rash, Swelling, Pain)
6. What steps do you take to relieve the condition?
7. Does the condition require the administration of medication or an injection? Please circle Yes No
8. Do you carry any medication to prevent or relieve the condition? Please circle Yes No
Medication Details

Teachers: Please attach this plan to your alert list