

**MEDICAL INFORMATION AND CONSENT FORM ACCOMPANYING ADULTS**

***Instructions***

*I am aware that the principal at the school should be made aware of any health or medical issues that I have which might aﬀect my capacity to undertake visiting or volunteering activities. I understand that this is to ensure that duty of care obligations to volunteers under work health and safety legislation are met and so that I am not placed in a situation in which any health issues I have could result in avoidable risk to myself and others. I will advise the principal if I have any physical condition, disability, allergy, past injury, medication or medical treatment which could aﬀect me in my capacity as a volunteer or visitor.*

**Section A – Personal Details (please fill in clearly)**

**Name**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |  |
| **Telephone Contact** | **Mobile** |  | **Other** |  |  |
|  |  |  |  |  |  |
| **Emergency Contact** |  |  | **Telephone** |  |  |
|  |  |  |  |  |  |
| **Name of General Practitioner** |  |  | **Telephone** |  |  |
|  |  |  |  |  |  |

**Section B – Medical Information**

**Please tick if you suﬀer from any of the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Allergies |  Blood Pressure |  Epilepsy\* |  Hay Fever |  Nose Bleeds |
|  Anaphylaxis\* |  Diabetes\* |  Fainting |  Headaches |  Reaction to Drugs |
|  Asthma\* |  Eczema |  Fits or blackouts |  Heart Condition |  Sight/Hearing Problems |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *\*Please discuss with organising teacher.* | | | | |  |  Sun Screen Sensitivity | |  |  |
|  | | |  |  |  |  |  |  |  |
|  Other (please specify) | | | |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |  |
| **Please identify whether you are presently** | | | | **taking any medication:** |  |  | Yes  | No  |  |
| Date of last tetanus injection | | | |  |  |  |  |  |  |
| Are you aware of any physical or psychological limitations that may impact your capacity as volunteer support. | | | | | | | Yes  | No  |  |
| (Please specify) | | | | |  |  |  |
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| Is there any other information which you believe may be relevant to your general medical/health care. | | | | | | |  |  |  |
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| **Section C – Authorisation** | | | | |  |  |  |  |  |
| 1. | In the case of requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma | | | | | | |  |  |
|  | emergency, I consent to: | | | |  |  |  |  |  |
|  | a. | the provision of first aid; | | |  |  |  |  |  |
|  | b. | the provision of analgesics; | | |  |  |  |  |  |
|  | c. | or my emergency contacts; | | |  |  |  |  |  |
| 2. | I authorise the school, where it is impracticable to communicate with me, to arrange for me to receive such medical or | | | | | | | |  |
|  | surgical treatment as may be deemed necessary. | | | |  |  |  |  |  |
| 3. | I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications. | | | | | | | |  |
|  | | |  | |  |  |  |  |  |
| Signature | | |  | | Date |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |