

# Ponsonby Intermediate EOTC 2020

## Confidential Medical Report and Consent Form

Ponsonby  
Intermediate  
School



|   |  |               |  |
|---|--|---------------|--|
| Student's Name:   |  | DOB:          |  |
| Parent/Caregiver's Name:  |  |               |  |
| Email Contact:  |  |               |  |
| Mobile:   |  | Alternate No: |  |
| Emergency Contact Name:<br>(other than the above contact)   |  | Mobile:       |  |
| Relationship to Student:  |  |               |  |
| <h3><u>Parent/Caregiver Consent</u></h3> <p>In signing this part of the medical form, I give consent for my child to participate in Ponsonby Intermediate School's Education Outside the Classroom Programme in Term 1. I agree that they should take part in such activities and duties as may be required by staff.</p> <ul style="list-style-type: none"> <li>I authorise obtaining on my behalf any medical assistance, if, in the opinion of the staff, such treatment is necessary, and agree to meet any cost incurred</li> <li>I understand that the school will not accept responsibility for loss or damage of personal property (check own household policy)</li> <li>Should my child be involved in a serious disciplinary problem I accept that they may be sent home at my expense</li> </ul> <p>Signature: _____ Date: _____</p> |  |               |  |
| <h3><u>Medical Information</u></h3> <p>Is your child presently taking any tablets and/or medicine? YES / NO</p> <p>If YES, please state the name of the medicine and the dosage: _____</p> <hr/> <p><b>Note:</b> All medicines must be handed to the teacher-in-charge prior to leaving, with child's name, room number, dosage and clearly labelled when it is to be given. Please do not allow children to be in possession of any medication whilst on the trip, with the exception of those using inhalers for asthma on a self-monitoring basis. It is very important that you disclose ANY medical conditions that may affect your child's safety or the safety of others.</p> <p>Permission to give Panadol if needed? YES / NO</p> <p>Permission to give antihistamine if needed? YES / NO</p>  |  |               |  |

**Please tick if your child suffers from any of the following:**

- ☐ Heart Condition    ☐ Dizzy Spells    ☐ Sleep Walking    ☐ Migraines    ☐ Travel Sickness    ☐ Asthma
- ☐ Blackouts    ☐ Seizures

**Any other please specify:** \_\_\_\_\_

**Any allergies to:**

- ☐ Penicillin    ☐ Foods    ☐ Medication    ☐ Insects

**Any other please specify:** \_\_\_\_\_

**Is your child a vegetarian?**                      **YES / NO**

**Please specify any special dietary needs:** \_\_\_\_\_

### **Swimming Ability**

**Do you give permission for your child to participate in water activities**                      **YES / NO**  
(Such as kayaking, water slides or raft building)

**Please specify where you think your child's swimming ability is currently at:**  
(1 = Not confident, 5 = Very strong and capable swimmer)

**1                      2                      3                      4                      5**

**If there is any additional information you would like to provide the school, please explain below:**

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