

MARRYATVILLE HIGH SCHOOL
Snow Tour 2008

STUDENT'S NAME

HEALTH AND MEDICAL INFORMATION

Date of Birth: _____

MEDICAL CONDITIONS

Does the student have a medical condition or health problem? YES NO
 If you have answered "YES", please give details of the medical/health problem.

DETAILS:

Are you aware of any medical emergency which could occur YES NO
 If you have answered "YES" please give details.

DETAILS:

MEDICATION

Will the student be taking any prescribed medication with him/her on the Tour? YES NO
 If you have answered "YES" please give details.

Medication Name	Dose	When Taken	How Taken	Any side effects

NOTE: Any medication for occasional or regular use will be the responsibility of the student to carry. He/She must inform their buddy and group leader of the above information in case their assistance is needed.

MEDICAL HISTORY, FOOD, ALLERGIES AND PARTICIPATION:

please include details

Please indicate any illness, injury, allergy or disability which may effect your child's participation in any activity

..... Does your child suffer from any occasional problem/condition: eg. bed wetting, panic attacks, skin ailments, sleep walking motion sickness

Give details.....

Has your child ever had a tetanus immunisation? YES NO Date:.....

Is your child allergic to **any** medicine?.....If so, which ones?..... Reaction:

Any other Allergies

Does your child wear glasses/contacts:

Past history of skeletal/soft tissue injury/disease:.....

.....indicate site, date, diagnosis, treatment

SPECIAL DIETARY REQUIREMENTS:

ANY OTHER RELEVANT INFORMATION:

The information requested on the student health information sheet will be considered confidential and will be treated accordingly. This information is sought in order to protect and assist the students so that the activity may be a safe and enjoyable experience. Please attach health care plans and extra sheets if required and contact the teacher-in-charge to discuss any student problems.

CONTACT DETAILS

STUDENT MOBILE PHONE NO: _____

PARENT OR GUARDIAN

NAME:.....Mother.
 Home Tel No:
 Mobile:
 Work No :
 Fax No:
 Email :

NAME:.....Father
 Home Tel No:
 Mobile:
 Work No :
 Fax No:
 Email :

EMERGENCY CONTACT PERSON

NAME:.....
 Home Tel No:
 Work Tel. No:

Mobile No:
 Fax No:

Relationship:.....

FAMILY DOCTOR OR MEDICAL CLINIC

Tel. No:
 Mobile No:

NAME:.....
 Fax No:
 After Hours No:

MEDICAL SPECIALIST (if relevant)

Tel. No:
 Mobile No:

NAME:.....
 Fax No:
 After Hours No:

MEDICARE/HEALTH FUND

1 If the Student is a member of any private medical benefit fund, give details.

FUND NAME	BENEFIT TABLES	MEMBERSHIP NO:

2. Is the student covered for emergency ambulance transport? Yes No

Source of cover eg. Health Fund, Ambulance Subscription

Ambulance Family Subscription no:	Level of cover	Full	or	Non emergency	(circle)
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3. Medicare No: _____

CONSENT and AUTHORISATION

I submit the attached health information about the above student and include details of limitations which he/she has for the activity concerned. I will forward any updated information if health/medical status changes prior to the Tour.

I agree to delegate my authority to staff involved who may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually on the Snow Tour.

I authorise the teachers to obtain medical assistance, which they deem necessary should an accident or illness occur and agree to pay all medical, dental and evacuation expenses incurred on behalf of the above student. I further legally authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I give my consent for the above student's local doctor or medical specialist to be contacted in an emergency.

I consent to my son/daughter taking part in the activities of the Snow Tour. These will or may include Snowskiing, Snowboarding, Tobogganing, Cross Country Skiing, Night Skiing, Swimming, Bushwalking, Horse riding, Aquatic Activities, Fishing and other activities as organised or replaced as substitute activities for the Tour.

I have read and understand the conditions for the Marryatville High School Snow Tour

Parent/Guardian Signature: _____ **Name:** _____

Address: _____

Student's Signature: _____ **Date:** _____