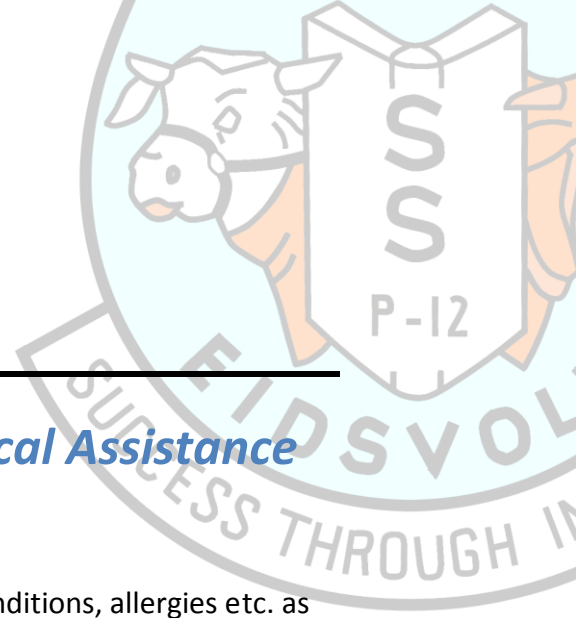


# EIDSVOLD STATE SCHOOL

7 HODGKINSON STREET  
 PO BOX 84  
 EIDSVOLD QLD 4627  
 Phone: (07) 4165 7333 Fax: (07) 4165 1107



## Medical Records Update and Medical Assistance Authorisation

Please UPDATE my child's school records listing medical conditions, allergies etc. as follows:

Conditions	Y/N	Possible effects on activities during an excursion
(a) Heart Problems	Yes/No	
(b) Respiratory Problems	Yes/No	
(c) Allergies	Yes/No	
(d) Travel Sickness	Yes/No	
(e) Blood Pressure	Yes/No	
(f) Operations ( <i>type, date</i> )	Yes/No	
(g) Epilepsy	Yes/No	
(h) Recent Illness	Yes/No	
(i) Regular medication	Yes/No	
(Please state dosage necessary at all times)	Yes/No	
(j) Drug Reactions ( <i>e.g. Penicillin allergy</i> )	Yes/No	
(k) Asthma	Yes/No	
(l) Other Problems (List Below)	Yes/No	
• •		
(m) <b><u>Date of last tetanus injection</u></b>		Date: _____

I authorise school staff to obtain medical assistance if deemed necessary should an accident occur or an illness befall

\_\_\_\_\_ (Student Names)

During school hours or on an excursions throughout 2013, and agree to pay all medical/pharmaceutical expenses incurred on their behalf.

Signed: \_\_\_\_\_  
 (Parent/Guardian)

Date: \_\_\_\_\_

## Permissions to be completed by the parent/guardian

I \_\_\_\_\_ as guardian/parent consent to the  
(Parent/Guardian Name)

Following for \_\_\_\_\_  
(Student Names)

### Recreational & HPE Swimming

During Terms 1 & 4 the school offers students an opportunity for recreational swimming during their lunch recess on selected days and HPE swimming on Tuesday.

- I give consent to participate in recreational swimming at the Eidsvold Swimming Pool during school hours.
- I DO NOT give consent to participate in recreational swimming at the Eidsvold Swimming Pool during school hours

### School Activities within the Town Precincts:

- I give consent for the above named student to attend school or class activities within the Town Precincts e.g. Historical Society, Show Grounds, Munjoorum Sports Complex, Bowling Club, Golf Course, Ambulance, Police Station, Fire Station etc.
- I DO NOT give consent for the above named student to attend school or class activities within the Town Precincts e.g. Historical Society, Show Grounds, Munjoorum Sports Complex, Bowling Club, Golf Course, Ambulance, Police Station, Fire Station etc.

### Medical Authorisation

- I authorise school staff to obtain medical assistance if deemed necessary should an accident occur or an illness befall during school hours or on a school excursion, and agree to pay all medical/pharmaceutical expenses incurred on their behalf.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)