

## Medical Consent Form

I, \_\_\_\_\_ (Name of Parent/Guardian/carer name)

Parent/carer of \_\_\_\_\_ (Student name)

Hereby give permission for my child to attend and participate in

\_\_\_\_\_ (event) at Monivae College.

2. Consent to my child travelling on or in any form of public or private transport where such transport is deemed by the school to be necessary or desirable.
3. Consent to my child participating in all activities arranged.
  - a) Consent to the school, or authorised persons seeking such medical or dental advice on behalf of my child as seen fit in the event of accident or illness and if in the opinion of an attending medical or dental practitioner or medical officer my child requires medical or dental attention or treatment including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation, to such medical or dental practitioner or medical officer giving such attention or treatment, provided that reasonable efforts are made to inform me of any serious injury or illness.
  - b) Certify that the consent which I have given in paragraph (a) is valid at all times while my child is in the custody of the school attending or participating in an outing, excursion or function.
4. Certify that I understand that the school will take reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be responsible directly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child.
5. Certify that if my child should exhibit behaviour that is unacceptable or seriously endangers themselves or others, I will bear the cost of the return trip home.
6. Agree to and provide permission for the photographic, video, audio or any other form of electronic recording of my child taken during this excursion for and on behalf of Monivae College.

### Emergency contact (IF PARENTS/CARERS ON APPLICATION ARE NOT AVAILABLE):

\_\_\_\_\_  
(Insert name and contact number)

## Medication

Is your child taking any medicine(s)? ☐ Yes ☐ No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

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*All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.*

**Please tick if your child is living with any of the following health conditions:**

☐ Asthma (if ticked please supply Asthma Management Plan)

☐ Anaphylaxis (if ticked please supply Individual Management Plan)

☐ Blackouts

☐ Diabetes

☐ Dizzy spells

☐ Migraine

☐ Heart condition ☐ Seizure of any type

☐ Other: \_\_\_\_\_

## Allergies

Please tick if your child is allergic to any of the following:

☐ Penicillin

☐ Other Drugs: \_\_\_\_\_

☐ Foods: \_\_\_\_\_

☐ Other allergies: \_\_\_\_\_

What special care is recommended for these allergies? \_\_\_\_\_

I understand that the information I provide on this form will be handled in accordance with the Monivae College Privacy Policy and the Privacy Act 1998.

Parent/ Guardian/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return this form - [registrar@monivae.vic.edu.au](mailto:registrar@monivae.vic.edu.au)**

**Drop off and pick up at the Chevalier Centre (stadiums).**

Travel arrangements on the day to Monivae: Car ☐ Walk/Bike ☐ Bus ☐ \_\_\_\_\_

Travel arrangements on the day from Monivae: Car ☐ Walk/Bike ☐ Bus ☐ \_\_\_\_\_

To make bus arrangements please contact bus coordinator Michelle Ferey [mferey@monivae.vic.edu.au](mailto:mferey@monivae.vic.edu.au)