



The Rockhampton Grammar School

Co-curricular Parent Consent Form

Student Name:	D.O.B.
Co-Curricular Activity:	
Season Date/s:	

I/we, the parent/s or guardian/s of the student named above, give permission for him/her to participate in the activities named above at the times noted.

I/We delegate my/our authority to the staff and instructors involved. Such teachers and instructors 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 in the above-mentioned activity.

I/We also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident or injury occur and agree to pay all medical and dental expense incurred on behalf of the above student.

I/We submit the attached health information about the above student and include details of limitations which he/she has for the activity concerned. I/We further legally authorise qualified medical practitioners to administer any anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I/We give my/our consent for the above student's doctor or medical specialist to be contacted in an emergency.

Emergency contact name for the period of the activity:
Emergency contact numbers for the period of the activity:

Please provide any extra information if you deem it necessary:

By ticking the following box, I declare that this information is accurate to the best of my knowledge.

SIGNATURE

Father/Guardian Name:	Date:
Mother/Guardian Name:	Date:

CONTACTS:

FAMILY DOCTOR / CLINIC	ADDRESS	PHONE No.
MEDICAL SPECIALIST	ADDRESS	PHONE No.

STUDENT HEALTH INFORMATION:

MEDICAL CONDITIONS	Tick if applicable	DETAILS
1. Epileptic fits		
2. Any form of mild fit		
3. Heart abnormalities		
4. Asthma		
5. Allergies		
6. Croup		
7. Diabetes		
8. Kidney problems		
9. Blood disorders		
10 Discharging ears		
11 Severe headaches		
12 Bed wetting		
13 Sinusitis		
14 Travel sickness		
15 Drug reaction (e.g. penicillin allergy)		
16 Other information (hearing, sight defects, etc)		
17. Special Dietary Requirements		

SERIOUS INJURIES (eg. broken bones, dislocations, operations in the past 2 years)

PRESENT MEDICATIONS

Medication Name	Dose	When taken	How taken	Side effects

IMMUNISATIONS

Has the student received a completed course of Tetanus Toxoid immunization?	Yes/No
Date of last booster (Check details with doctor if uncertain.)	

MEDIBANK/HEALTH FUND - If the student is a member of any private medical benefit fund, give details:

FUND NAME	BENEFIT TABLE	MEMBERSHIP NUMBER

MEDICARE

STUDENT NAME (as per Medicare Card)	STUDENT MEDICARE NO.

The School will treat the information requested on the student health information sheet as confidential. The information is sought in order to protect and assist the student so that the activities may be safe and enjoyable.