

Masterton Primary School
Health Information - Parental Risk and Health Disclosure Form

Dear Parents/Caregivers,

In accordance with Health and Safety requirements, each year we need to ensure that the health information and consent form we hold for your child is still current for your child's care at school and for EOTC (school trips) and sporting events.

CHILD'S NAME..... Date of Birth..... ROOM.....

Caregiver 1: Name *Please circle*
Mum Dad Other Address
Home Phone..... Work..... Cellphone.....

Caregiver 2: Name *Please circle*
Mum Dad Other Address
Home Phone..... Work..... Cellphone.....

Emergency Contact 1- Name..... (someone other than Caregiver 1 or 2 above)
Home Phone..... Work..... Cellphone.....

Emergency Contact 2- Name..... (someone other than Caregiver 1 or 2 above)
Home Phone..... Work..... Cellphone.....

Family Doctor Name..... Name of Medical Centre.....

Medic Alert Number..... (if applicable)

Circle any conditions that apply to your child

Migraine Epilepsy Asthma Diabetes Travel sickness Fits Chronic nose bleeds Heart condition Dizzy spells Colour blindness

Any other conditions

Is your child taking any medication (circle one) Yes No If yes please provide details below:

Type..... Dosage/Times..... Other treatment.....

List any injuries or illnesses which may affect your child's full participation in activities e.g. breaks, strains, glandular fever, heart

Does your child have any **allergies** to the following? Please circle.

Medication Food Insect bites/stings Other

Level of severity of allergy and treatment required.....

Date of last tetanus injection..... Can we give your child *Pamol* or *Panadol* if needed: Yes No Please circle.

Is there any information you would like to share regarding your child's physical and mental health and wellbeing. E.g. Anxiety, disability, behavioural or emotional difficulties, cultural practices:.....

If you agree to the following please tick:

- Prescribed medication may be administered to my child by a designated adult. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the adult with instructions for administration.
- I will inform the school of any changes to these details as soon as possible
- I agree to my child receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion as considered necessary by the medical authorities in an emergency
- Any extra medical costs not covered by ACC or a community service card will be paid by me
- If my child has to be sent home while at a school event for serious disciplinary issues I will pay for any extra costs incurred

Parental Consent for school trips and EOTC

I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards.

I give permission for my child to be involved in EOTC events this year. I understand that the details of trips and visits will be sent home prior to the trip taking place and I will regularly check with my child to ensure they give me all school notices. I will check the school newsletter for information each week. I understand that I can request further information regarding trips and EOTC events and should I wish to I can withdraw my child from an event which I consider may put my child at risk. This will be done with the person in charge of the event.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my insurance policy.

I agree to update all information as necessary. I have read and understand all of the above.

Parent/Caregiver
Print your full name..... Signed..... Date.....