

East Adelaide Secondary Vocational Alliance – Medical Release Form – 2023 / 24

STUDENT'S NAME: _____
Surname Given Name(s)

HOME ADDRESS: _____ HOME PHONE: _____

PARENT / CARER NAME _____ MOBILE NO: _____ WORK NO: _____
 PARENT / CARER NAME: _____ MOBILE NO: _____ WORK NO: _____

In case of injury or illness, every effort is made to reach either parent/carer at home or emergency contact person on telephone number listed below. A child is not sent home to an empty house without the permission of the contacted person.

| EMERGENCY CONTACT NAME (other than parent/carer) | RELATIONSHIP TO STUDENT | PHONE NUMBER |
|--|-------------------------|--------------|
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Staff will administer basic first aid. The school will normally rely on the contacted person to arrange medical treatment. We will contact the nearest emergency department in cases where urgent treatment is required. For such cases, the following information about your child should be completed.

DATE OF BIRTH: _____ MEDICARE NO: _____ MEDIC ALERT NO: _____

FAMILY DOCTOR: _____ SPECIALIST (if appropriate): _____

AMBULANCE COVER: YES / NO If yes, please provide membership no: _____ DATE LAST TETANUS IMMUNISATION: _____

Does your child wear glasses YES / NO contact lenses YES / NO hearing aid YES / NO

Provide details of any known medical/health conditions below. i.e. allergies (what to and symptoms), asthma, diabetes, epilepsy etc.

| MEDICAL CONDITION | MEDICATION | MEDICAL EQUIPMENT / ACTION REQUIRED |
|-------------------|------------|-------------------------------------|
| | | |
| | | |

AUTHORISATION: I authorise the **host school**, on my behalf, to take what reasonable medical action is deemed necessary.

Signature of Parent/Carer: _____

Signature of Parent/Carer: _____