LBPS TRANSITION PROGRAM
MEDICAL AND CONSENT FORM
LBPS Transition Program
Medical Form and Consent Form

Personal Details
Student’s Name
Grade/Class

Student’s Mobile Number

Home Address
Date of Birth

Emergency Contacts
Name | Relationship | Phone Home | Phone Work
--- | --- | --- | ---
1. | | |
2 | | |
3 | | |

Doctor | Phone | Address
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Tablets and Medicines
Is your child taking any tablets and/or medicine? Yes/No
If Yes please state name of medication, dosage etc.

I give permission for my son/daughter to receive Panadol/Paracetamol in the case of illness by the supervising teacher Yes/No

Details of Tablets or Medicines:

This form should be returned to Launceston Big Picture School at least 3 days prior to the commencement of your child’s Transition Program.

Please turn over
Please Note:

- All medicines must be handed to the teacher in charge prior to leaving, with your child’s name, the dose to be taken and when it should be taken. (These medicines will be kept by the teacher and distributed as required.)
- Please do not allow your child to keep any medicine while on the excursion.
- If it is necessary for the student to carry his/her own medication, e.g. for asthma, it **MUST** be with the knowledge and permission of both the parent and teacher-in-charge.

Please tick if your child is allergic to:
Penicillin ☐  Any Food ☐  Other Drugs ☐  Bites/Stings ☐

Other allergies

What special care is recommended

Any other relevant information:

Consent

Medical:
In the event of accident or illness when it is impracticable or impossible to communicate with me, I understand the teacher in charge will arrange such medical or surgical treatment as may be deemed necessary.

Expectations:
For the duration of this transition trial, students must understand that they are expected to conform with the standards of behaviour expected of them at school. Given that staff and students will all be far from home, it is expected that students will demonstrate an exemplary level of co-operation with staff. This specifically includes all instructions issued by teachers. Should there be a serious breach of these expectations parents will be notified and the student/s concerned may, in extreme circumstances, have to return home.

Expenses:
I agree to my child bearing the cost of expenses incurred by the school should my child have to return home early due to illness, injury or non-co-operation.
I agree to reimburse the school for any hospital, medical or ambulance expenses and any other reasonable expenses incurred by the school on behalf of my child.

Signature of Parent/Guardian. ..............................................................

Date ........................................