# Unaccompanied Student Medical Form

To be completed for each student who is attending the workshop **without** a teacher. This information will be given to the supervising Department of Education staff member; please ensure it is written clearly and is accurate.

The information provided is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about my child who is currently enrolled at the school listed above and who may participate in school excursions, sporting activities or other education or school activities conducted by or in conjunction with their school.

It will be used by officers of the NSW Department of Education to assist planning, to support students, and to minimise risks when conducting all activities related to the 2024 NSW Public Schools Film By Workshop.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the 2024 NSW Public Schools Film By Workshop; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in a particular activity. Provision of this information will significantly assist The Arts Unit in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact Karishma Mathur on 0427770377. You may correct any personal information provided at any time by contacting Karishma Mathur.

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| --- | --- |
| Student Name: |  |
| School: |  |
| Date of Birth: |  |
| Age: |  | Grade/Year: |  |

# Student information

# Parent / Carer information

|  |  |
| --- | --- |
| Parent/Carer Name: |  |
| Parent/Carer Address: |  |
| Parent/Carer Contact Numbers: | Mobile: Work: |
| Emergency Contact (if parent/carer unavailable) | Name: Contact No: |
| Doctor Name: |  |
| Doctor Address: |  |
| Doctor Phone Number: |  |

# Medical conditionsList existing medical conditions or illnesses (include existing and/or previous injuries, asthma, diabetes, epilepsy, allergies etc). Outline the treatment for each.

|  |  |
| --- | --- |
| Medical Condition/s: |  |
| Treatment: |  |

# AnaphylaxisStudents who suffer from allergies which may lead to anaphylactic shock must have a copy of their ASCIA Action Plan attached to this document. Students will also be required to see Karishma Mathur or a nominated DoE Staff member at all workshops & performances with relevant medication, Epipen and a copy of their ASCIA action plan.

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| --- | --- |
| Dietary Needs: |  |

# Dietary needs: Outline special dietary needs including possible reaction to inappropriate diet.

# Medications: Medication(s) to be administered during rehearsal/performance times

|  |  |
| --- | --- |
| Name of Medication: |  |
| Instructions for administration: |  |
| Time of administration: |  |
| Any possible reactions: |  |

# ConfirmationThis information is correct as at the date indicated below. If there are any changes to this information I will contact Karishma Mathur with any additional information.

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| --- | --- |
| Student Name: |  |
| Parent/Guardian Signature: |  |
| Date: |  |