



ALL DELEGATES INCLUDING ADULTS MUST COMPLETE THE FOLLOWING.



**ROUND SQUARE INTERNATIONAL CONFERENCE 2009
CONFIDENTIAL MEDICAL FORM**

If there is any further medical information relevant to you/your child, please attach it to this form.
This information is held in the strictest of confidence and is destroyed at the end of the conference

STUDENT SURNAME: (please print) Date of Birth: / /	First Name: (please print)
Next of Kin (person 1): Name: Address: Relationship:	Phones: (including local area codes) Home: Work: Mobile:
Next of Kin (person 2): Name: Address: Relationship:	Phones: (including local area codes) Home: Work: Mobile:
VISITING INTERNATIONAL DELEGATES: Travel insurance policy:	Policy No.
Do you give permission for your child to be administered Paracetamol (Panadol) by School Nurse or the supervising teacher for any minor ailments? (please circle)	
Yes	No

I hereby request you to include me / student delegate _____ in all Round Square Conference 2009 activities from Saturday October 10 to Friday October 16, 2009.

I / We confirm that I / we have read the attached information in respect of the excursion and my / our consent is based upon such information. We confirm that we are the parent / guardian of my / our child and are authorized to give this consent.

Whilst I / we understand that the School will attempt to take reasonable steps to contact me in the event of an accident or illness (without being obliged to do so), I / We jointly and severally authorize you (acting through staff of the School) in the event of any accident or illness, to take all such steps as may in your opinion be necessary for the proper treatment and care of my/our child, and (should you be advised by a duly qualified and registered medical practitioner that it is necessary) to authorize a general anaesthetic and /or blood transfusion. I/We agree to reimburse the School for all expenses incurred for such treatment or care.

I/We hereby jointly and severally release and indemnify and hold harmless the School, its Board members, servants and agents (save for any gross negligence on their part) from any and all liability whatsoever and howsoever arising in or in connection with my child's attendance at or participation in the excursion.

SIGNATURE OF DELEGATE / PARENT OR GUARDIAN: _____

PRINT NAME: _____
(Please turn over page and complete medical information)

NAME: -----

SCHOOL: -----

MEDICAL HISTORY: Attach Asthma Management Plan or Emergency Action Plan / Medical Management sheet if applicable.

Have you ever suffered from the following:

ASTHMA?	Yes (if yes give details)	No
Usual maintenance medical programme followed by your child.		
Medication and treatment to be used during worsening asthma.		
Medication and treatment to be used during crisis situations.		
List any known asthma trigger factor(s) experienced by your child.		
Has your child been admitted to hospital due to asthma in the past 12 months?		
DIABETES?	Yes (if yes give details)	No
Medication and treatment.		
EPILEPSY / SEIZURES / CONVULSIONS?	Yes (if yes give details)	No
Description of recent seizures.		
How long since your child last had a seizure.		
Medication and treatment.		
ALLERGY? (Food, Insect or Medication)	Yes (if yes give details)	No
What is your child allergic to?		
What are signs and symptoms of your child's reaction? <input type="checkbox"/> A localized reaction (rash, itching, swelling at the site the poison / irritant enters). <input type="checkbox"/> A systemic reaction (rash, itching, swelling away from the site that poison / irritant enters). <input type="checkbox"/> An anaphylactic reaction (severe breathing problem, total body swell, emergency situation).		
Comments:		
Medication and treatment to be used during situation. (please provide medication to be used if necessary)		
MIGRAINE HEADACHES?	Yes (if yes give details)	No
SIGHT / HEARING DISORDERS?	Yes (if yes give details)	No
BLEEDING DISORDERS?	Yes (if yes give details)	No
HEART CONDITION?	Yes (if yes give details)	No
TRAVEL SICKNESS?	Yes (if yes give details)	No
BEDWETTING?	Yes (if yes give details)	No
SLEEPWALKING?	Yes (if yes give details)	No
HAYFEVER?	Yes (if yes give details)	No
OTHER?	Yes (if yes give details)	No
Comments:		