

Assumption College – Kilmore
APPLICATION FOR BUS TRAVEL
MEDICAL CONSENT FORM



Medical information		
Are you aware of any medical conditions your child may have?		Yes No
If yes, please provide details and attach relevant health plan		
Other, including allergies		
Does your child take any prescribed medication regularly?		Yes No
If yes, please provide details		
Doctor's name and number		
Student's Medicare number		
Date of last tetanus injection		

Emergency contact details (person other than parent)			
The emergency contact is the person who should be contacted in an emergency, if the School is <i>unable</i> to contact the child's parents.			
Name			
Relationship to child			
Contact details	(H)	(B)	(M)

Declaration		
In the event that my child requires medical attention or treatment while travelling on the Assumption College bus service, I authorise the School, or its subcontractor including the bus company that operates the service, to obtain all necessary medical attention and treatment and to engage any doctor, nursing assistance, ambulance transportation or hospital accommodation, with expenses incurred to be met by me.		
I further authorise the use of any anaesthetic by a qualified anaesthetist if, in his/her judgement, this is necessary. I understand that every reasonable effort will be made by the School to first contact the parent or guardian as listed on the Enrolment Application for my child, in the event of such illness or accident.		
	Parent/guardian	
Full name		
Signature		
Date		