



CONFIDENTIAL FIRST AID INFORMATION

Student Name _____ Date of Birth _____

Student ID _____

Address _____

Teaching Team _____ Campus _____

Course/Program _____

Medical problem(s) or condition(s) which the campus should be aware of:

Details of assistance required/special procedures to be followed (e.g. medication to be administered):

Name of contact doctor: _____ Phone: _____

Student Signature: _____ Date _____

Please complete consent information for under age students on back of form

Note: Original completed form to remain with team, copy to be attached to enrolment form for processing on QLS.



Consent Information (for students aged under 18 years of age)

If medical attention is required and none of the emergency contacts listed can be contacted, I give permission for my child to receive emergency treatment from;

(please tick appropriate boxes)

- Nearest Hospital/Health Centre
and/or
 Private Doctor

and I agree to pay any costs incurred arising from this treatment:

In such an event I also give permission for my child to be transported to the nearest hospital or health centre by private car, taxi, or ambulance and agree to pay any charges arising from this transport.

Student Name _____

Signature _____ Date _____
Parent/Guardian/Independent Student

Relevant Staff advised of Medical Condition(s): Yes / No

Staff Name _____ Date _____