

FORM B

VISITING TEACHER MEDICAL CONSENT NOTE

Thank you for your commitment to supporting Tallebudgera Beach School as we deliver our innovative Hero's Journey Program. This experience is designed to 'create positive change in the lives of young people'. Outcomes will be enhanced by your ability to remain present for the full duration of camp and by your capacity to participate fully in activities such as canoeing, hiking and beach related activities.

School Male or Female Given Name Surname Date of Birth..... Home Address..... Post Code..... Home Phone..... Work / Mobile Phone EQ Email Address Details of Medical Cover (MBF etc)..... Pension Concession Details..... Expiry Date.....	<p>Please fill out all Medicare information below.</p> <p>1. Medicare No.</p> <p>2. Person attending camp no.</p> <p>3. Medicare Exp Date</p>
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Tetanus Booster	YES / NO	Last Year Given:-	Epilepsy	YES / NO	
Measles Vaccination	YES / NO		Phobias	YES / NO	
Asthma	YES / NO		Heart Problems	YES / NO	
Sinus, Hay fever	YES / NO		Injections, and when given	YES / NO	
Other respiratory problems	YES / NO		Recent operations, illness, injury	YES / NO	
Food Allergies (eg peanuts, lactose)	YES / NO		Physical Disabilities	YES / NO	
Medical Allergies (eg penicillin, analgesics)	YES / NO		Other	YES / NO	
Any Special Dietary Requirements	YES / NO	Details-			

Authorisation for Qualified Practitioners to administer: (please circle) ANAESTHETIC (YES / NO) BLOOD TRANSFUSION (YES / NO)
 Emergency Contact- Ph-

*I have read the **information for teachers** and I am aware of my responsibilities whilst on camp: **Signature** **Date***

