Appendix d. consent and health care information form

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| **Consent and Health Care Information Form**  **School:** | | | | |
| This information will be provided to relevant <*insert RTO name*> staff. | | | | |
| **Student Details** | | | | |
| Student’s surname | Student’s given names | | | |
| Date of birth: | SCSA number: | | | |
|  | | | | |
| **Contact Person 1:** | | | | |
| Name: | | Email address: | | |
| Address: | | Contact numbers | | |
| Home: | Mobile: | Work: |
| **Contact Person 2:** | | | | |
| Name: | | Email address: | | |
| Address: | | Contact numbers | | |
| Home: | Mobile: | Work: |
| **Emergency Contact: (Other than above)** | | | | |
| Name: | | Contact numbers | | |
| Home: | Mobile: | Work: |
| **Consent** | | | | |
| Please identify your relationship to the student listed above: (please circle)  Parent Carer Guardian Responsible Adult Student over the age of 18 Independent Minor  As the parent/carer/guardian/responsible adult of the above named student, I acknowledge that the information I have provided is correct and I consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name) undertaking studies at  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (RTO).    Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_ | | | | |
| **Health Care Information**  **Please list any medical conditions that <*insert students name*> has that may impact on their ability to undertake their course or that may require the provision of health care support. (Attach additional information if required)** | | | | |
|  | | | | |
|  | | | | |
| Please ensure you contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to discuss the management of your child’s medical condition. Please ensure that you provide any medication your child may require.  **Please Note:**  It is your responsibility to inform the RTO if this medical information changes throughout the course of the enrolment.  In the event of an emergency, every effort will be made by the RTO to contact you. | | | | |
| **Please return this form to:**  <*insert school contact person*>  <*insert postal details*> | | | | |
| **Office Use: For students who require health care support please attach a copy of their current health care plan.** | | | | |