





## MEDICAL ADVICE/ALERT FORM

## **CONFIDENTIAL FIRST AID INFORMATION**

Student Name		
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

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

(To be completed by parent/guardian/independent student and returned to Client Services)

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 form 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 form this transport.

Student Name\_\_\_\_\_

Signature

\_\_\_\_ Date \_\_/\_\_/

Parent/Guardian/Independent Student