



Trinity Grammar School PINE BLUFF



CONFIDENTIAL MEDICAL FORM

While your son is staying with us we will take every precaution to ensure his safety and allow him to partake in the Pine Bluff Programme. In the event that medical attention is necessary the Pine Bluff staff will consult with you on the best course of action. In the event of an emergency, or on the advice of a doctor, the staff will arrange transport to the nearest medical facility.

SON'S NAME: _____ HOUSE: _____

CAMP NO: _____ DATE OF CAMP ATTENDANCE: _____

T E T A N U S

Has your son had a Tetanus booster in the last 10 years? YES NO

Date of last Tetanus booster; _____

It is strongly recommended that all students have up to date Tetanus cover.

Does your son have asthma? Yes / No

If so please complete or attach his Asthma Management Plan

A S T H M A M A N A G E M E N T P L A N

Describe the usual/current maintenance programme: _____

TREATMENT ACTION PLAN FOR ASTHMA ATTACK (to be completed by a Doctor)

Has this person been admitted to hospital due to Asthma in the last 12 months? Yes No

Has this person been on oral cortisone for Asthma within the past 12 months? Yes No

Has this person suffered sudden, severe Asthma attacks requiring hospitalisation? Yes No

Peak Flow reading Normal: _____

For MILD attack If Peak Flow is less than: _____

Medication: _____

Dose/Frequency: _____

For MODERATE attack If Peak Flow is less than: _____

Medication: _____

Dose/Frequency: _____

For SEVERE attack If Peak Flow is less than: _____

Medication: _____

Dose/Frequency: _____

Please include any other relevant information: _____

Name of Doctor: _____ Tel: _____

Doctor's signature: _____ Date: _____

Does your son have allergies? Yes / No

If so please complete or attach his Allergy Management Plan

A L L E R G Y M A N A G E M E N T P L A N

A LOCALIZED reaction – rash, itching, swelling at the site the poison has entered?

A SYSTEMIC reaction – rash, itching, swelling at the site the poison has entered?

An ANAPHYLACTIC reaction – severe breathing problems, swelling of face, neck or body, emergency situation? *If your son has been prescribed an epipen, it is his responsibility to ensure that he carries his epipen with him when travelling to and from school, to sporting activities away from school and on excursions and camps.*

What medication does the student take (if any) for prevention against allergic reaction?

What treatment is followed for the student if an allergic reaction occurs?

Please include any other relevant information:

Name of Doctor: _____ Tel: _____

Doctor's signature: _____ Date: _____

M E D I C A T I O N S L I S T

I/we authorise the staff of the Trinity Grammar School to administer all of the medications to my son should the need arise. **If there is a Medication listed which cannot be administered please indicate with an "X".** I hereby authorise the Director, or his / her representative, to obtain such medical attention as may be deemed necessary, and I understand that I am responsible for the costs. I also authorise qualified practitioners to administer anaesthetic and blood transfusion should the necessity arise. **Mark with an "X" if any of the following cannot be administered.**

Paracetamol (Panadol), Aspirin, Nurofen, Pandadeine	Pain (mild & strong) and fever relief	
Cold and Flu medication	Relief of cold symptoms, non drowsy nasal congestion relief	
Throat lozenges (Strepsils), Difflam throat gargle	Throat soother	
Metomax (Anagrain)	Migraine and Nausea	
Demazin, Claratyne	Antihistamine/colds/allergies	
Gastrolyte	Treat dehydration	
Telfast	Allergy medication	
Mylanta	Antacid/indigestion	
Hirudoid	Anti-bruise cream	
Calamine lotion	Soothes skin irritations	
Dencorub	Muscle liniment	
Difflam gel	Anti-inflammatory gel for sprains	
Bonjela	Mouth ulcers and toothache	
Aqua Ear	Prevents swimmers ear	
Soov/Paxyl spray	Mild burn and sunburn relief	
Sorbolene cream	Dry skin	
Tineafax	Athletes foot/tinea	
Stingoes	Bites/sting relief	
Pinetarsol	Anti-itch solution	
Dettol	Antiseptic	
Betadine ointment	Iodine based antiseptic	
Ventolin	Asthma treatment	
Antistine privine drops	Allergic eye irritation	

One of the recreational activities at Pine Bluff is a video night. Boys may watch movies rated PG chosen by the staff. If you would prefer that your son not watch PG rated movies, please feel free to contact the School and we will arrange an alternative activity for him on those nights.

Is there anything else that we need to know about your son?

Thank you for taking the time to complete this form for your son. The information that you provide here will be the basis on which we treat him should the need arise.



Bradley Barr
 Master of the Middle School



Janice Roberts
 Master of Pine Bluff

Please return your Medical Form to the Office of the Master of the Middle School