



MEDICAL FORM

(All information is dealt with in strictest confidence)

Student Name:

Medicare Card No:

Expiry Date:

Position on card:

Does your child suffer from any of the following? (please indicate with a tick in the space provided)

Condition	√	Condition	√
ADHD		Diabetes	
Allergies		Epilepsy	
Anaphylactic		Hearing Impairment	
Aspergers		Vision Impairment	
Asthma		Mental health issues	
Autism		Physical disability	
Anxiety		Seizures	
Behaviour disorder		Scoliosis	
Cardiac conditions		Other diagnosed conditions	

If you have ticked any of these boxes, the School's Registered Nurse will contact you for more details.

Has your child been immunised? YES/NO

Please supply a current Immunisation History Statement.

Is your child on any regular medication? YES/NO

If YES, please supply details on a separate page.

I hereby give my permission for the school to dispense Panadol/Paracetamol, when necessary, to my child. YES/NO

Emergency Contact/s (in the instance that a parent cannot be contacted). Please note, Pre Kindergarten parents are required to complete an additional Contact Details Form.

Name	
Mobile Number	
Alternate Number	
Relationship (to student)	

Name	
Mobile Number	
Alternate Number	
Relationship (to student)	

In the event of injury or illness to a student requiring urgent hospital or medical treatment including but not limited to injections, blood transfusions and the like and where a parent or guardian is not readily available to authorise such treatment the school nurse or other member of school staff (if the nurse is not available) is authorised to give the necessary authority for such treatment without the school or such staff member or any other employee or agent of the school incurring any liability to the student, parent or guardian by doing so.