

Student's Medical Form

Confidential

STUDENT'S NAME: _____ D.O.B: ___/___/_____ Male Female

Parent or Guardian – Emergency Contacts:		
Name: _____	Relationship: _____	
Phone: (Home): _____	(Work): _____	(Mobile): _____
Name: _____	Relationship: _____	
Phone: (Home): _____	(Work): _____	(Mobile): _____

Medicare No:

Valid to: _____

Doctor's Name: _____ Telephone: _____

MEDICAL HISTORY	Please tick either Yes or No to all Questions		Provide detailed information: <i>How serious is it? What is it? When? Has it fully recovered? Any known triggers? Is it self-managed? Anticipated special management needed?</i>
Asthma	[] No	[] Yes	If YES, complete the “ Asthma Management Form ”
Allergies	[] No	[] Yes	If YES, complete the “ Allergenic Reaction Management Form ”
Diabetes	[] No	[] Yes	
Epilepsy	[] No	[] Yes	
Joint/muscle/bone problems?	[] No	[] Yes	
Sight/hearing impairment	[] No	[] Yes	
Any serious injuries/illness in the last 12 months?	[] No	[] Yes	
Is your child currently on any medications?	[] No	[] Yes	<i>Please name the medication and dosage</i>
Other medical condition that may affect participation?	[] No	[] Yes	<i>Any health issue that require attention or special care?</i>
Other: learning issues; psychological, emotional or behavioural issues?	[] No	[] Yes	<i>Please add details to assist in understanding and managing the student</i>

DIETARY	[] No	[] Yes	
Any special requirements?			

Please note: The school may require, after reviewing this information, that your child visits a doctor to gain approval to participate. This will be determined after this form is received by the school and in consultation with you

I declare that the information which I have provided on this form is complete and correct and that I will notify the school if any changes occur. I authorise the teacher or any employee of St Paul's Anglican Grammar School who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for the school to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child.

Signed: _____ (Parent/Guardian) Date: _____

Photograph Consent: I consent to my child being photographed and/or visual images of my child being taken during activities, for use in St Paul's Anglican Grammar School publications, on the school website, or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation. *(Please strike out this sentence if you do not agree)*