

MEDICAL INFORMATION 2026 (*Preschool classes 3 & 4 years*)

(This information is to be provided by parents/guardians to assist the teacher(s) in case of any medical emergency which may arise. All information will be held in confidence. This form is to be given to the teacher on first day of classes and is updated annually.)

Full name of student: _____

Date of birth: __/__/__

Gender: Male ☐ Female ☐ Other ☐

Photo of
student

1. Family information

Full name of Parent/Guardian: _____

Home address: _____ Postcode: _____

Telephone Home: _____ Mobile: _____ Business: _____

Other emergency contact: _____

Email: _____

2. Preschool information

Preschool centre/Kindergarten attended by student: _____

Year level of student (3 or 4 years): _____

Centre/Kindergarten address: _____ Postcode: _____

3. Medical information

Name, address and telephone number of Family Doctor: _____

Medicare No.: _____

Are you an Ambulance Fund subscriber? If "YES" please provide Ambulance Membership No. _____

Does your child suffer from asthma? Yes ☐ No ☐

Is your child at risk of anaphylaxis? Yes ☐ No ☐

If "YES", please complete an anaphylaxis plan

Major illnesses or disabilities: _____

Does your child have any learning disabilities? If "YES" Specify: _____

Does your child have any allergies? If "YES" Specify: _____

Does your child take medications? If "YES" Specify: _____

If your child requires special medication such as *epipen* /*ventolin* please ensure your child has it in their possession at all times.

Does your child have any allergies to medication? If "YES" Specify: _____

Does your child have any allergies to food? If "YES" Specify: _____

4. ACCIDENT DECLARATION

In the event of illness or injury to my child whilst attending the CO.AS.IT. *Il Girotondo* Preschool classes, I authorise the teacher(s) in charge of my child, *where it is impracticable to communicate with me*, to consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusion and/or operations. NB: **CROSS OUT IF CONSENT IS NOT GIVEN FOR ANY OF THESE**

5. OTHER IMPORTANT INFORMATION

Please list adult/s who are responsible for taking or picking up student from classes: _____

Please list any important information which may be relevant in regards to the supervision or safety of your child, such as intervention orders, family issues, etc.....: _____

Signature of Parent/Guardian: _____

Date: __/__/2026

Note: if you require more space, please write on the back or attach additional sheets of paper.