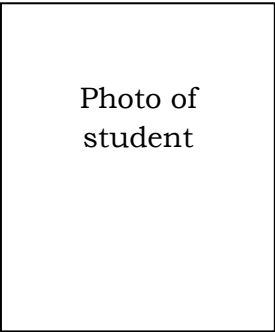


MEDICAL INFORMATION 2024

(This information is to be provided by parents to assist the teacher(s) in the 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 class and is updated annually.

Full name of student: _____

Date of birth: __/__/__ Gender: Male Female



1. Family information
 Full name of Parent/Guardian: _____
 Home address: _____ Postcode: _____
 Telephone Home: _____ Mobile: _____ Business: _____
 Other emergency contact: _____
 Email: _____

2. School information
 Mainstream/Day school attended by student: _____
 Campus (if applicable): _____ Year level of student: _____
 School 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. After Hours Program, 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 PROCEDURES.**

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: __/__/202__