

# Yarrilee State School

Phone: 41977111 Fax: 41977100

MEDICAL INFORMATION FORM:

Please complete the details below and return to school

Student Name:			
Date of Birth:		Learning Group:	
Student Address			
Parent/Guardian Name:			
Emergency Contact Numbers:	Home:	Work:	Mobile:
Health Insurance Coverage:			
Medicare Number:			
Other emergency contacts: Please indicate other contacts in case of emergency			
Name:		Details:	
Name:		Details:	
Medication: Indicate type and dosage of current medication to be taken			
Medication:		Dosage:	
Medication:		Dosage:	
Permission to administer medication		Yes/No    Signature:	
Date of most recent tetanus:			
Doctor name & phone number:			
Please indicate any areas that need to be taken into consideration with your child while on excursion			
<b>AREAS</b>	<b>DETAILS IF APPLICABLE</b>	<b>AREAS</b>	<b>DETAILS IF APPLICABLE</b>
Travel sickness		Allergies	
Asthma		Food Allergies	
Recent Illnesses		Recent Operations	
Phobias:		Drug Reactions:	
Other areas to be noted:			
Swimming Ability:	Please tick <input type="checkbox"/> Beginner <input type="checkbox"/> Competent <input type="checkbox"/> Club Swimmer		
<input type="checkbox"/> I give permission for the teacher on duty to administer First Aid and call an ambulance if necessary.			
Please sign, date and return to school once the form has been completed			

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date