

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			
AREAS	DETAILS IF APPLICABLE	AREAS	DETAILS IF APPLICABLE
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