

The Willows State School

STUDENT MEDICAL INFORMATION

Name: _____ Date Of Birth: _____ Roll Class: _____ Year Level: _____

In case of emergency - Home Phone Number: _____

Parent/Carer contact number: _____ Parent/Carer contact number: _____

If parent unavailable, emergency contact name: _____

Home Phone Number: _____ Work Phone Number: _____

PROBLEMS			DETAILS
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food Drug Ointments Other	YES / NO	
DIABETES		YES / NO	
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	
PHOBIAS		YES / NO	
BACK, BONE, JOINT PROBLEMS		YES / NO	
OTHER (including allergies)		YES / NO	

Date of last Tetanus booster: _____

Medication currently being taken: Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions.

Please give details of any **problems - medical or physical** - which would limit your student's full participation in any activity, including any food restrictions.

Medical insurance details of Medicare Cardholders

Name: _____ Medicare Number: _____

Additional Health Insurance: YES / NO

Parent/Carer Signature: _____

Independent Student Signature: _____ Date: _____
