

GLENVALE CHRISTIAN SCHOOL

STUDENT MEDICAL INFORMATION

SECTION A

FAMILY NAME: **CHRISTIAN NAME:**

For the treatment of headaches etc. **I/we do/do not** allow Panadol to be administered to **my/our** child/(ren).

SIGNED: **DATE:**
 (Parent /Guardian)

SECTION B

Parents, to help us to care for your child/ren the best way possible, please fill in the details below.

Doctor's Name: **Phone:**

Address:

In case of emergency, do you give permission for the school to seek medical aid from either your doctor or the Toowoomba Base Hospital? Circle either **YES or NO**

Private Health Fund: Circle – **YES / NO.** **Private Health Fund:**

Medicare Number:

SECTION C

Please tick either **Yes or No** for each of the following medical conditions and complete the **Details/Medications** section so that we are better able to assist your child should he/she require medical assistance.

CONDITION	YES	NO	DETAILS / MEDICATIONS (If applicable)
1. Allergies			
2. Surgery - undergone			
3. Current Childhood Injections -(Types and Year)			
4. Asthma/Respiratory Problems			
5. Heart Condition/s			
6. Diabetes			
7. Ear Infections -recurring			
8. Eye Problems -recurring			
9. Contracted –Chickenpox?			
10. Contracted – Measles?			
11. A.D.H.D./Autism etc.			
12. Suffer from Phobias			
13. Epilepsy/Convulsions			
14. Fainting//Dizziness - regularly			
15. Other – Please specify			

EMERGENCY CONTACT: Name: Phone:

Signed: **Date:**
 (Parent/Guardian)