



St. Augustine's Primary School

2019 STUDENT MEDICAL INFORMATION SHEET

This information is to be provided by parents to assist the school in case of any medical emergency, which may arise. **Please also note that any MEDICAL PLANS such as Asthma/Allergy/Anaphylaxis Plans from your GP need to be attached!** The school will hold all information in confidence.

NAME OF CHILD			
DATE OF BIRTH		YEAR LEVEL	
FULL NAME OF PARENT/GUARDIAN			
ADDRESS			
TELEPHONE NO		MOBILE PHONE NO	
EMERGENCY CONTACT NAME & PHONE NO.			

FAMILY DOCTOR'S NAME			
ADDRESS & PHONE NO.			
MEDICARE CARD NO:		HEALTH CARE CARD	YES / NO
PRIVATE HEALTH INS.	YES / NO	FUND NAME:	Member No: Exp:
AMBULANCE COVER:	YES / NO	Member No:	Exp:

TETANUS IMMUNISATION

Year of completed tetanus immunisation or last booster was _____ (if over ten years since immunisation or last booster, parents are advised to arrange a booster and inform the school prior to the camp/excursion).

TABLETS AND MEDICINES

Please specify any medication, which the student may be taking on a continual basis (indicate name and dose of medication).

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Are there any conditions teachers need to be aware of while your child is on an excursion or on Camp.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dizzy spells, blackouts	<input type="checkbox"/> Fits of any kind
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Migraine	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Travel sickness	

Please specify any other disabilities or conditions requiring special care during the camp/excursion.

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Please specify any allergies the student is known to have, eg. Penicillin, other drugs, foods, etc).

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PART ONE

ANAPHYLAXIS, ASTHMA & ALLERGY ALERT

If your child suffers from Anaphylaxis, Asthma or Allergies you are required by law to provide the school with a current 'Action Plan' which has been signed by your family GP. If your child fits into any of these categories, please tend to this matter **as soon as possible** to enable us to provide the necessary care for your child whilst they are present at St. Augustine's.

If this is not possible, the teacher in charge will administer or seek whatever treatment he/she judges to be reasonably necessary.

Signature of Parent/Guardian: Date:/...../.....

PART TWO

AUTHORISATION BY PARENT FOR HEAD LICE INSPECTION

I give permission for my child to be examined for head-lice should the classroom teacher feel it necessary and if necessary, this will be undertaken with two staff members present and parents will be contacted immediately. This permission will last for the entire 2019 school year.

I understand that if treatment for head-lice is required I will be informed at the earliest possible convenience as to the necessary treatment, which I will need to administer.

Signature of Parent/Guardian: Date:/...../.....

PART THREE

LOCAL EXCURSIONS

I give permission for my child to attend any local walking excursions, which I will be made aware of all details prior to the excursion dates. This permission will last for the entire 2019 school year.

Signature of Parent/Guardian: Date:/...../.....

PART FOUR

PARENT/GUARDIAN RESPONSIBILITY

I agree I have given St Augustine's Primary School up-to-date medical information and understand it is my responsibility to provide updates throughout the 2019 school year should any change occur.

Signature of Parent/Guardian: Date:/...../.....