

Kenmore State High School

STUDENT MEDICAL INFORMATION

Name	Date of Birth	Roll Class	Year Level
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In case of emergency - Home Phone Number: _____

Mother's Work Number: _____ Father's Work 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 Signature: _____

Independent Student Signature: _____ Date: _____

Privacy Statement: The Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be used or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.