



ACTIVITY: Cluster Day
 DATE OF ACTIVITY: Various dates

Student Medical Information

Name:		Date of Birth:		House Group:		Year Level:	
In case of emergency, please provide parent/caregivers best contact number/s below:							
Parent phone number:				Parent phone number:			
If we cannot contact you, who is your child's emergency contact? Please detail below:							
Name:				Mobile number:			
PROBLEMS		Y	N	DETAILS			
HEART PROBLEMS		Y	N				
RESPIRATORY e.g. ASTHMA		Y	N				
ALLERGIES	Food	Y	N				
	Drug	Y	N				
	Ointments	Y	N				
	Other	Y	N				
DIABETES		Y	N				
BLOOD PRESSURE		Y	N				
RECENT OPERATIONS		Y	N				
EPILEPSY		Y	N				
RECENT ILLNESS		Y	N				
PHOBIAS		Y	N				
BACK, BONE, JOINT PROBLEMS		Y	N				
VEGETARIAN, VEGAN, GLUTEN FREE		Y	N				
OTHER (including allergies)		Y	N				
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 limit your student's full participation in any activity, including any food restrictions.							

Medical Insurance Details:

Name:		Medicare Number:														
Additional Health Insurance:		Yes/No														
Parent Signature:		click on the  above to sign														
Independent Student Signature:		click on the  above to sign														

Privacy Statement: The Department is collecting personal information regarding your child's participation in this activity 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.