

# Student Medical Information - 2017

**It is the responsibility of Parents and / or Guardians to notify the school of any change to their child's medical information.**  
**The information provided below is intended to assist the school in the event of a medical emergency.**  
**All information is held in confidence.**

Student's First Name			
Preferred Name			
Family Name			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female (please tick one)	Year Level
Date of birth		Date of Last Tetanus Injection	
Prep Immunisation	<input type="checkbox"/> Complete <input type="checkbox"/> Not Complete <input type="checkbox"/> Not Sighted <input type="checkbox"/> Conscientious Objection Form <input type="checkbox"/> Overseas Immunisation History - please tick whichever is appropriate		

Mother's Name	Contact Number	
Father's Name	Contact Number	
Name of Child's Doctor	Contact Number	

**Please tick ✓ if your child suffers any of the following:**

<input type="checkbox"/> Asthma → <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: small;">An Asthma Management Plan MUST be completed by family Doctor</div>	<input type="checkbox"/> Dizzy spells <input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy or fits of any kind <input type="checkbox"/> Travel Sickness
<input type="checkbox"/> Headaches / Migraine <input type="checkbox"/> Blackouts / Fainting Spells	<div style="background-color: red; color: white; padding: 2px; font-weight: bold;">Allergy to:</div> <input type="checkbox"/> Penicillin / Other drug <input type="checkbox"/> Foodstuffs – <b>requires EPIPEN – YES / NO</b> (please circle) <i>If yes, an Anaphylaxis Management Plan from your doctor must be provided to the school.</i> List any known allergies: eg nuts, bee stings, dairy	
<input type="checkbox"/> Other		

Is your child presently taking tablets and / or medicines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this medication need to be administered during school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, you must complete a Medication Authorisation Form</b>

- ✚ **If your child has Asthma, they must have a spacer and medication for their own personal use provided in a clear labelled container.**
- ✚ All medication must be given to the teacher in charge.
- ✚ All medication requires a completed **Medication Authorisation Form** (available from the school office).
- ✚ **All medication must be in its original packaging, labelled with your child's name, the dose to be taken and the time it is to be administered.**

### MEDICAL CONSENT

I / We authorise the staff of St. Mark's School, in the event of illness or accident, to obtain on my / our behalf, any such medical attention as my / our child may require. I / We agree to pay any and all costs this may incur.

<b>SIGNATURE</b>	<b>Father</b>	<b>Mother</b>
<b>DATE</b>		