

MEDICAL INFORMATION FORM

(All Information on this form is **CONFIDENTIAL**)

Knowledge of children's specific conditions is essential in providing quality care for each child during any school activities. If any of this information changes during the year please inform the school immediately. Please provide details of medical needs of your child eg: reactions, allergies, night habits, conditions, etc.

CHILD'S NAME	D.O.B	CLASS
EMERGENCY CONTACTS		
NAME:	PHONE NO.	
NAME:	PHONE NO.	
DOCTOR'S NAME:		
DOCTOR'S ADDRESS:		
DOCTOR'S PHONE NO.		

MEDICAL CONDITIONS	INDICATE	DETAILS OF CHILD'S CONDITIONS
Heart Problems	Yes / No	
Asthma / Respiratory problems	Yes / No	
Travel Sickness	Yes / No	
Abnormal Blood Pressure	Yes / No	
Operations	Yes / No	
Epilepsy / Fits of any kind	Yes / No	
Recent Illness	Yes / No	
Phobias	Yes / No	
Migraine	Yes / No	
Dizzy Spells	Yes / No	
Sleep Walking	Yes / No	
Medical Reactions (eg: Penicillin allergy)	Yes / No	
Allergy (eg: insect bites, grass, cats)	Yes / No	
Food Allergy	Yes / No	
Medications required	Yes / No	If Yes , please complete <i>Student Medication Request Form</i>
Medical condition or disability which may affect child's participation in school camps / excursions	Yes / No	
Other Pertinent Information	Yes / No	

Parent/Guardian Name: _____ **Signature:** _____ **Date:** ___/___/___

Please also complete the following: Administer Paracetamol in Emergency

- I give permission to administer one dose of paracetamol, understanding that this authorisation is a guideline for administration of a specific dose.
- I understand that I will be contacted for my permission for each specific emergency.
- Where students symptoms are not alleviated by the dose given, or in the event of an emergency, I agree to collect my child as soon as possible.
- I understand the potential risks and side effects of this medication for my child.

Paracetamol Trade Name eg: Paracetamol	
Form and Strength	
Dosage to be administered	
When: Fever or Temperature	
Other (provide details)	

Parent/Guardian Name: _____ **Signature:** _____ **Date:** ___/___/___