

CHATSWOOD HILLS STATE SCHOOL

Medical Information Form – Confidential



Student Name: _____

Gender:

Year Level:

Roll Class:

PARENT / GUARDIAN 1 DETAILS

Name:

Gender:

Relationship to Student:

Occupation:

Phone (W):

Phone (H):

Work Place

Mobile (W):

Mobile (H):

PARENT / GUARDIAN 2 DETAILS

Name:

Gender:

Relationship to Student:

Occupation:

Phone (W):

Phone (H):

Work Place

Mobile (W):

Mobile (H):

EMERGENCY CONTACTS

Priority	Contact Name	Relationship to Student	Contact Numbers
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1.

2.

MEDICAL CONDITIONS Note: Please list symptoms and treatments

(Eg. Asthma/Respiratory problems, Allergies, Heart problems, Epilepsy, Phobias, Drug Reactions etc)

DOCTOR INFORMATION

Name:

Address:

Phone:

Medicare Number:
(Optional)

PLEASE SEE REVERSE SIDE OF FORM

CHATSWOOD HILLS STATE SCHOOL

Medical Information Form – Confidential (cont.)

GENERAL / MINOR FIRST AID

Please indicate if any of the items below can be used on your child for any minor first aid applications.

- Yes / No Band-aids
- Yes / No Dettol Liquid
- Yes / No Dettol Cream
- Yes / No Stingoes
- Yes / No Calamine Lotion
- Yes / No Savlon Cream

Please be aware that we are unable to administer **any medication** (including pain relief products) without a letter from you and your doctor. **ALL** medication must have current pharmacy labels.

.....
Signature Parent/Guardian

.....
Date

Please advise the school office of any changes to this medical information form.