



# INJUNE P – 10 STATE SCHOOL



Student's Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year Level: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

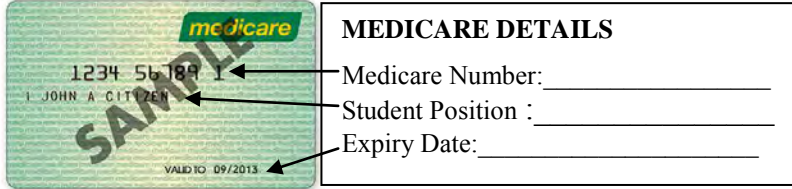
Parent/Guardian Work Phone: \_\_\_\_\_

Parent/Guardian Mobile: \_\_\_\_\_

Private Health Insurance: Yes / No

Company: \_\_\_\_\_

Membership Number: \_\_\_\_\_



<b>PROBLEM</b>			<b>DETAILS</b>
<b>Respiratory Problems eg Asthma</b>	Yes	No	
<b>Epilepsy</b>	Yes	No	
<b>Diabetes</b>	Yes	No	
<b>Other Serious Health Problems Eg Heart Problems, Blood Pressure</b>	Yes	No	
<b>Allergies</b>	Yes	No	
<b>Drugs reactions Eg. Penicillin Allergy</b>	Yes	No	
<b>Physical Disability</b>	Yes	No	
<b>Special Learning Needs eg Autism, ADHD</b>	Yes	No	
<b>Recent Operations</b>	Yes	No	
<b>Vaccinations up-to-date</b>	Yes	No	
<b>Tetanus booster</b>	Yes	No	<b>Date last given: / /</b>
<b>Other concerns</b>	Yes	No	
<b>Long term medication</b>	Yes	No	<b>Name of medication: Does it need to be given at school? YES / NO</b>

Please note for any medication taken at school: Ed Qld form has to be completed by doctor with student's name and dosage stated. Please contact School for form before your doctor's appointment.

Please note for all serious medical problems: A health plan must be supplied to the School signed off by a doctor. Please contact the School for more information.

Doctor's name: \_\_\_\_\_

Doctor's Practice Name & Address: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

I give permission for my child's doctor to be contacted if necessary:  YES  NO

I hereby authorise the Principal, or his/her representatives, to obtain such medical attention as may be deemed necessary, and I understand that I am responsible for the costs. I understand that all reasonable effort will be made to contact me, however I authorise qualified practitioners to administer anaesthetic and blood transfusion if the necessity arises.

Parent/Guardian Name (please print): \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_