



MEDICAL INFORMATION (CONFIDENTIAL)	
It is vital that the school has accurate, up to date medical information on your child. Please give full details.	
Name of Student: Emergency contact name and telephone number:	
General Health of Student (Please state any medical conditions of which the school should be aware. This information is treated confidentially):	
ALLERGIES: Does your child suffer from any chronic severe allergy (eg. wasp stings, etc) whereby he/she may require a life-saving injection in school? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please supply the following details: Cause of allergy: Antidote drug:	
If using an Epipen, parents must take responsibility for ensuring students have the Epipen with them and that the expiry date has not lapsed.	
MEDICAL CONDITION	DETAILS: ie. Treatment/dosage/trigger factors/emergency tasks
HEARING/VISUAL IMPAIRMENT No <input type="checkbox"/> Yes <input type="checkbox"/>	
EPILEPSY No <input type="checkbox"/> Yes <input type="checkbox"/>	
DIABETES No <input type="checkbox"/> Yes <input type="checkbox"/>	
OTHER (please specify)	



Name of medicine	Dose & administering dose eg. Volumatic, EpiPen/Anapen	Frequency/Times		

Uses inhaler Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of inhaler	Reliever <input type="checkbox"/>	Preventer <input type="checkbox"/>
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Any other information you think would be useful to the school:

Signed: