



THORNTON STATE SCHOOL

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Principal: Miss Luci McConkey

MEDICAL DETAILS FORM

The information contained on this form is required by teachers and Medical Practitioners in the event of a student requiring medical treatment. The contents of this form will remain confidential.

All information contained on this form will remain confidential.

1. STUDENT'S DETAILS

Student's Full Name _____ Class _____

Date of Birth _____ Home Phone Number _____

Home Address _____

2. EMERGENCY CONTACT INFORMATION

Name of First Contact _____ Relationship to Student _____

Phone (Day) _____

Name of Second Contact _____ Relationship to Student _____

Phone (Day) _____

Name of Third Contact _____ Relationship to Student _____

Phone (Day) _____

3. SWIMMING ABILITY

My child's swimming ability is: good average limited very limited

(Please circle one)

Notes: _____

4. MEDICAL INFORMATION

Name of Family Doctor _____ Phone _____

Medicare Number _____ Ref # _____

Date of the student's last tetanus injection? _____

Do you permit the use of Savlon Antiseptic Liquid and/or Betadine on superficial injuries? YES / NO

Do you have Medical Insurance? YES / NO

5. STUDENT MEDICAL DETAILS

| <u>Condition</u> | | <u>Details</u> | <u>Medication Required</u> |
|----------------------|--------|----------------|----------------------------|
| <i>Allergies</i> | | | |
| Food | Yes/No | _____ | _____ |
| Drugs | Yes/No | _____ | _____ |
| Ointments | Yes/No | _____ | _____ |
| Band-aids | Yes/No | _____ | _____ |
| Insects etc | Yes/No | _____ | _____ |
| Other | Yes/No | _____ | _____ |
| Respiratory Problems | Yes/No | _____ | _____ |
| Asthma | Yes/No | _____ | _____ |
| Heart Problems | Yes/No | _____ | _____ |
| Diabetes | Yes/No | _____ | _____ |
| Epilepsy | Yes/No | _____ | _____ |
| Recent Operations | Yes/No | _____ | _____ |
| Recent Illnesses | Yes/No | _____ | _____ |
| Phobias | Yes/No | _____ | _____ |
| Bed Wetting | Yes/No | _____ | _____ |
| Travel Sickness | Yes/No | _____ | _____ |
| Other - please list | Yes/No | _____ | _____ |

6. AGREEMENT BY PARENT / CAREGIVER

- (a) I authorise the supervising teachers to obtain medical attention for my child at their discretion in the event of illness or injury.
- (b) I authorise the supervising teachers to remove minor splinters from the student and to clean and dress minor wounds.
- (c) I agree to pay the fees for such medical expenses and to meet the expenses of pharmaceutical supplies and ambulance transport which may be incurred as the result of medical advice.
- (d) I further authorise qualified medical practitioners to administer anaesthetic or blood transfusion if the necessity arises.

(e) I certify to the best of my knowledge that my child has not been in contact with any infectious disease for the past four weeks and that he/she is not suffering from any ailment that may be detrimental to other members of the Camp/Tour.

Signature of Parent / Caregiver

Date

Name of Parent / Caregiver
