



**THOMAS CARR**  
COLLEGE  
TARNEIT EST.1997

# STUDENT MEDICAL INFORMATION FORM

## CONFIDENTIAL & PARENTAL CONSENT

The College will use this information if your child requires emergency medical treatment. All information is held in confidence. Please complete the form and return to the College as a matter of priority. Please PRINT clearly.

<b>Student's full name &amp; date of birth</b>	_____	_____
	Student Name	Date of birth

<b>Student's address</b>	_____
	Number and street
	_____
Suburb/Town	Postcode

<b>Parent/Guardian name 1 &amp; contact details</b>	_____		
	Name		
	_____	_____	_____
	Home	Business	Mobile

<b>Parent/Guardian name 2 &amp; contact details</b>	_____		
	Name		
	_____	_____	_____
	Home	Business	Mobile

<b>Emergency contact person (in the event that the parent/guardian cannot be contacted)</b>	_____		
	Name		
	_____	_____	_____
	Home	Business	Mobile
	Relationship to the student: _____		

<b>Family doctor</b>	_____	_____
	Name	Phone

<b>Medicare number</b>	_____
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<b>Health Insurance fund</b>	_____
	_____
	Fund name

<b>Ambulance Subscriber</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, subscription number: _____
	<i>*The cost of emergency transport covered in the College Insurance Policy is for ACCIDENTS ONLY and does not include medical emergencies such as asthma, diabetes, allergic reactions etc.)</i>

<b>Allergies &amp; Tetanus</b> Please tick if your child is allergic to any of the opposite and provide details where appropriate	<input type="checkbox"/> Anaphylaxis* <i>*Please provide an Anaphylaxis Action Plan</i>
	<input type="checkbox"/> EpiPen
	<input type="checkbox"/> Other allergies _____
	<input type="checkbox"/> Penicillin
	<input type="checkbox"/> Other drugs _____
	_____

Foods \_\_\_\_\_

What special care is required for these allergies? \_\_\_\_\_

Year of last Tetanus immunisation: \_\_\_\_\_

Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT)

**Medical information**  
Please tick if your child suffers from any of the conditions opposite, please provide details.

Attach a doctor's letter detailing any other condition, past or present, that staff and medical practitioners should know of in an emergency.

<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> Dizzy spells	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Bowel/Urinary Problems	<input type="checkbox"/> Travel sickness
<input type="checkbox"/> Epilepsy/Fits of any type	<input type="checkbox"/> Depression	<input type="checkbox"/> Haemophilia
<input type="checkbox"/> Migraine	<input type="checkbox"/> Asthma* <i>*Please provide an Asthma Management Plan</i>	<input type="checkbox"/> Chronic Health Condition
<input type="checkbox"/> Eye/Ear Problems	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Surgery		<input type="checkbox"/> Other (please specify below) _____

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medication**  
If Yes, provide the name of the medication, dose, when and how it is to be taken.

Is your child taking any medication?  Yes  No

Name	Dose	When?	How?

If any other medications (e.g. aspirin, nurofen, hayfever medications, antibiotics) need to be given at the College, this medication needs to be supplied by the parent/guardian and permission given by a signed letter. **All medication must be handed to the College Nurse (except Ventolin)**

**Medical Consent**  
Do you give permission for your child to be given **PARACETAMOL** at the discretion of the College Nurse?

Yes  No

**Health Centre**  
In the event of presentation to the Health Centre or in the case of an accident or emergency during College hours or during a College activity, I understand that my son/daughter will be cared for as necessary and may receive treatment as deemed appropriate by the College Nurse or First Aider. I understand that I will be contacted if my child is too unwell to stay at College or in the event of an accident or emergency. I also understand that if it is necessary for an ambulance, parents/guardians will be responsible for any costs incurred.

I agree with the above statement

**Parent/Guardian**

Signature of parent/guardian (named above): \_\_\_\_\_

Date: \_\_\_\_\_