

School Health Information *CONFIDENTIAL*



STUDENT NAME: _____
 (SURNAME) (GIVEN NAMES)

STUDENT D.O.B: _____

PARENT/GUARDIAN 1:

PARENT/GUARDIAN 2:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PREFERRED PHONE NO: _____

PREFERRED PHONE NO: _____

NOTE: All medication required on camps/excursions is to be handed to teacher on day of departure with students name and dosage instructions marked clearly on packaging.

Does the student require regular, prescribed medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO	*If yes, a Health Care Plan MUST accompany this form*
Health Care Plan attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is student fully immunised as per Australian National Immunisation Schedule?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does student suffer allergies?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Details:
Does student suffer asthma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	*If yes, an Asthma Care Plan MUST accompany this form*
Asthma Care Plan attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the student have any other medical condition that may limit his/her involvement in school activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Condition: Treatment required:

