



# STRATHFIELD SOUTH PUBLIC SCHOOL

## MEDICAL INFORMATION FORM

The information requested is being obtained for the purpose of obtaining medical assistance for your child if it is required. The only agencies that will be provided with information about your child are medical people if and when your child needs medical attention. The information will be stored securely. You may correct any personal information by contacting the school.

Student name: ..... Class: .....

### Parent or caregiver contact details

Name: .....

Address: .....

Home phone: ..... Work:..... Mobile: .....

### Doctor contact details

Name: .....

Address: .....

Doctors telephone: 1. .... 2. ....

### Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)

1. Name: ..... Phone: .....

2. Name: ..... Phone: .....

### List existing medical conditions or illnesses (including asthma, diabetes, epilepsy, allergies etc.) Outline the treatment for each.

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### Outline special dietary needs including possible reaction to inappropriate diet

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### Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions

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Signature: ..... Date: .....

Please return this form with permission note.