

# Kingaroy State High School

## STUDENT MEDICAL INFORMATION

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Roll Class: \_\_\_\_\_ Year Level: \_\_\_\_\_

In case of emergency - Home Phone Number: \_\_\_\_\_

Parent/Carer contact number: \_\_\_\_\_ Parent/Carer contact number: \_\_\_\_\_

If parent unavailable, emergency contact name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

PROBLEMS			DETAILS
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food Drug Ointments Other	YES / NO	
DIABETES		YES / NO	
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	
PHOBIAS		YES / NO	
BACK, BONE, JOINT PROBLEMS		YES / NO	
OTHER (including allergies)		YES / NO	

Date of last Tetanus booster: \_\_\_\_\_

Medication currently being taken: Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions.

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Please give details of any **problems - medical or physical** - which would limit your student's full participation in any activity, including any food restrictions.

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### Medical insurance details of Medicare Cardholders

Name: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Additional Health Insurance: YES / NO

Parent/Carer Signature: \_\_\_\_\_

Independent Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement:** The Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be used or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.