



# Student Medical Form

Please complete and return this form to the School Office.

AUSTRALIAN  
CHRISTIAN COLLEGE



## Student Information

First Name  Last Name

Address  Suburb

Postcode  Gender  M  F Date of Birth  /  /

Home Telephone No.  Work Telephone No.

Mobile No. (Father)  Mobile No. (Mother)

Email

Access to Child:  Either Parent  Mother only  Father only

Other? Names/Relationship   
*(e.g Grandparents, Guardians, Foster Parents)*

## Emergency Contact

Please provide the name, address and telephone number of family member, friend or neighbour who would accept responsibility for this child, if parents cannot be contacted. Please make sure this person is local to the school.

Name  Relationship to child

Address

Telephone No. (H)  (W)  (Mob)

## Transport

This child travels to school by:  Private Car  Public Bus/Train  Other

## Medical Information

Family Doctor's Name  Phone No.

Family Doctor Address

Private Health Insurance Fund  Membership

Medicare No.  Ambulance Subscription:  Yes  No

Please note that it is the school's policy to ring for an ambulance if a child has been deemed by first aid to need this assistance. Parents will be notified immediately if an ambulance is required to treat the injury or severe condition.

## Immunisation

Date of Last Tetanus Immunisation  /  /

If over 10 years, please tick if a booster has been arranged:  Yes  No Date of Booster  /  /

Immunisation History: Has your child completed the current level of immunisation:  Yes  No

Comments

## Student Medical Information

Please give details and management of any condition that your child has (e.g Asthma, Diabetes, Allergies).

Please rate your child's condition:  Low Severity  Moderate Severity  High Severity

If your child's condition is rated as moderate or high severity, please provide the school with an Action Plan for the management of this condition. Please note that student emergency information for these students will be made available to their teachers and their information and action plan will be displayed in all staff rooms.

Details of management (if this condition is not moderate or high severity):


Is there any other information pertaining to this child that the school should be aware of? e.g Dietary needs


Please list any medication your child uses (e.g Ventolin, insulin) including dosage and times to be administered if your child requires medication during school hours, it is expected that parents provide the appropriate medication for this child to the school office, where it is kept in a named folder in a locked cabinet and dispensed as required.

Medication  Dosage  Time to be administered

Medication  Dosage  Time to be administered

## Declarations

*Please tick the appropriate response for each of the following statements*

In case of emergency, I authorise the principal or his/her deputy to contact the family doctor or nearest doctor available, and arrange for any medical, ambulance or hospital services as deemed necessary. I accept responsibility for any/all costs involved.  Yes  No

I authorise the administration of appropriate first aid, as deemed necessary by a qualified first aider.  Yes  No

I give permission for this child to attend off-campus sporting events, camps and excursions organised by the school.  Yes  No

In the event that this child has a moderate or high severity medical condition, I give permission for this child's Medical Information to be displayed.  Yes  No

If applicable, an action plan for my child's moderate or high severity medical condition is attached  Yes  No

**For Prep enrolments only** (please attach a copy of the following documents)

- Attached is a copy of this Prep Child's birth certificate  Yes  No

- Attached is a copy of this Prep Child's immunisation history  Yes  No

Signature of Parent/Guardian:

Date  /  /