



MEDICAL INFORMATION SHEET 2020

Name: _____ Class _____

School: King Street Public School

For the safety of your child, we consider it important that you complete the following medical information sheet and return it to school which will forward all medical forms to the appropriate convenor. This form is mandatory.

Medical Information

Details

1. Heart Problems Yes / No _____
2. Respiratory Problems Yes / No _____
3. Allergies Yes / No _____
4. Blood Pressure Yes / No _____
5. Recent Illnesses Yes / No _____
6. Drug Reaction (eg Penicillin) Yes / No _____
7. Tetanus needle administered Yes / No _____
8. Epilepsy Yes / No _____
9. Any other relevant information (eg current medication) _____

10. Medicare Number: _____ Ref: _____ Expiry date: __ / __

11. Private Health Insurance Fund: _____ Number: _____

12. Do you contribute to the NSW Ambulance? _____

13. Emergency contact: Name: _____

Address: _____

Phone No: Home/Work _____ Mobile: _____

I authorize the teachers or medical officer in attendance to obtain medical assistance which they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the above student.

I further authorize qualified practitioners to administer anaesthetic if such an eventuality arises.

Signed: _____ (Parent / Guardian)

Date: _____

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, zone, area and state school associations when deciding whether additional insurance cover, above that provided by Medicare, is required.

This form will be kept on record at the school for the year. It is your responsibility to update your child's information at the school office if details change during the year.