

# GLEN EDEN INTERMEDIATE SCHOOL - STUDENT MEDICAL FORM

## PERSONAL CONTACT DETAILS

<b>Surname/ Family Name:</b>	<b>First Names:</b>	<b>Date of Birth:</b>
Home Address:		Home Phone Number:

## CONTACT TELEPHONE NUMBERS DURING THE DAY

Name:	Relationship:	Contact Number:	Mobile Number:
Name:	Relationship:	Contact Number:	Mobile Number:
Name:	Relationship:	Contact Number:	Mobile Number:

<i>Does your child require medication or special consideration for :</i>			<i>Has your child had the following vaccinations:</i>		<i>Year:</i>
Condition		Medication/Treatment required:		Yes / No	
Allergies	Yes / No		Hepatitis B (Hep B)	Yes / No	
Arthritis	Yes / No		Measles, Mumps & Rubella (MMR)	Yes / No	
Asthma	Yes / No		Polio (OPV or IPV)	Yes / No	
Diabetes	Yes / No		Tetanus (Td)	Yes / No	
Epilepsy	Yes / No		Meningococcal B	Yes / No	
Hearing Loss	Yes / No		<i>Does your child suffer from any other medical conditions or disabilities?</i>		
Impaired Vision	Yes / No				
Rheumatic Fever	Yes / No				
Other (specify)	Yes / No		<b>Doctor Name and Phone Number</b>		

In case of Illness, Accident or Emergency

1. **I give permission** for my child to receive non-prescription medicines.  
i.e. Panadol, throat lozenges, etc. when deemed necessary by the school nurse **Yes/No**
2. If the Intermediate is unable to contact you, or if there is a serious accident, **I give permission** for the nurse to take my child to Accident & Emergency or the school Doctor. **Yes/No**
3. **I give permission** for the Intermediate to make such arrangements as are necessary for the treatment of my child in an emergency and agree to meet any costs incurred.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Caregiver