



CONTACT & MEDICAL INFORMATION

(Please PRINT CLEARLY and complete ALL sections. Indicate NIL where applicable)

CONTACT INFORMATION

Name of student:	DoB:
Names of Parents / Caregivers:	
Address:	Phone Number(s):
Email(s):	
Emergency Contact Person:	
Phone Number(s):	
Relation to child (if not parent / caregiver above):	

MEDICAL INFORMATION

Insurance Provider:		Membership No.:	
Medicare Card No:		Expiry:	Number on Card:
Regular Medication	Name of medication	Dose, frequency, time	Refrigeration YES NO
Known Allergies (e.g. Bee stings, food, medications, other)		Action	
Chronic Illness (e.g. Asthma, Diabetes, Epilepsy, other)		Action	
Disability (e.g. sensory, physical, psychological, emotional)		Action	
Major Surgery (eg knee, back, heart)		Action	
Year of last tetanus injection:			

Please continue overleaf...



Special Dietary Requirements	Does your child require any special diet? YES NO Detail:
General Health	Is your child in good health? Please note health issues not detailed in the preceding questions.

How well can your child swim?

- Cannot swim
- Fair Swimmer
- Good Swimmer

Please detail your child's experience with the following medications, etc.

Paracetamol (Panadol, Herron Paracetamol, Chemists' Own Paracetamol, etc):

- Never taken / Unknown / Can't Remember
- Showed an allergic reaction
- Has taken without showing any allergic reaction.

Asprin (Disprin, AsproClear, AsproTablets, etc)

- Never taken / Unknown / Can't Remember
- Showed an allergic reaction
- Has taken without showing any allergic reaction.

Codeine (contained Panadein, Panafen, Chemists' Own Pain Tabs, etc)

- Never taken / Unknown / Can't Remember
- Showed an allergic reaction
- Has taken without showing any allergic reaction.

Ibuprofen (Nurofen, Herron Blue, Panafen, Chemists' Own Ibuprofen, etc)

- Never taken / Unknown / Can't Remember
- Showed an allergic reaction
- Has taken without showing any allergic reaction.

Please tick if you prefer that we never provide any of the above medications to your son.

I approve of the use of standard first aid equipment (bandages, gauze, antiseptic solutions or creams, etc) in the even that the supervisor(s) or assistant(s) may need to tend to minor injuries (cuts, abrasions etc) or provide immediate care for major injuries.

I agree to provide updated information to the directors of Nairana Study Centre / Frontier Club in the event that the above details change, and to notify the directors of any temporary medical issues which may affect my son (eg: recent surgery).

Parent/Care Giver's Name: _____ (print)

Signature: _____ **Date:** _____