

**EMERGENCY CONTACT (OTHER THAN PARENT)**

Name: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address : Street \_\_\_\_\_

Suburb \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone : Home \_\_\_\_\_

Mobile \_\_\_\_\_ Work \_\_\_\_\_

**MEDICAL INFORMATION**

Medical Centre : \_\_\_\_\_  
\_\_\_\_\_

Doctors Name: \_\_\_\_\_

Doctors Telephone \_\_\_\_\_

Private Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Medicare Policy Number \_\_\_\_\_

**HEALTH INFORMATION**

Does your child suffer from any allergy or health condition YES / NO If your answer is yes please give full details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Symptoms following exposure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General precautions to prevent an emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUIRED TREATMENT & MEDICATION

1. Does your child require immediate medication \_\_\_\_\_ ( if so please provide medication to be left with staff in the case it is required to be administered)
2. Can your child self administer medication \_\_\_\_\_.
3. If your answer to question 2 is no do you give the Principal or a staff member permission to administer medication that you have provided \_\_\_\_\_.

Please give details of required medication & treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ authorize for a ambulance to be called in the case of an emergency, all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent / Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_ **For life threatening allergies or health conditions where immediate treatment or medication is required to be administered a current photo of the child is required.**