

STUDENT HEALTH DETAILS

Please note it is a condition of entry that your child's immunisation be up-to-date. Failing to disclose any medical or mental health or behavioural issues that may impact staff and other students may result in the student's enrolment being withdrawn.

Has your child been immunised against:

| | | | | | |
|------------|--------|----------------|--------|---------|--------|
| Diphtheria | Yes/No | Whooping Cough | Yes/No | Tetanus | Yes/No |
| Measles | Yes/No | Mumps | Yes/No | Rubella | Yes/No |
| Polio | Yes/No | Hepatitis B | Yes/No | | |

When was your child last given a Tetanus immunisation Booster? _____

Do you give permission for your child to be given a Booster if necessary? Yes / No

Please indicate if your child has any of the following conditions or restrictions:-

- Allergies to Food or Drugs / Medication _____
- Asthma: Mild Severe
- Diabetes Yes / No
- Epilepsy Yes / No
- Bed Wetting or Sleep Walking Yes / No _____

Recent Illness _____ Details: _____

Other (behavioural, mental, learning disabilities, etc): Please list

Medication: Please give details of medicines being taken by you child including dosage/frequency etc.

Is your child covered by?

(a) Which Health Fund? _____

(b) Ambulance Fund? _____

Medicare Number: _____ Exp. _____ Health Care Card: _____ Exp. _____

Each Student requires their own Medicare card to be able to see a Doctor and obtain prescriptions from a chemist.

Note: A copy of the Birth Certificate is required for registration with local sporting clubs.

I give permission for my child to be given any medical attention felt appropriate by the Manager / Supervisor.

PARENT/GUARDIAN'S SIGNATURE: _____

DATED: _____