



STUDENT HEALTH FORM 2024

ROTARY RESIDENTIAL COLLEGE

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health or behavioural issues that may impact staff and other students may result in the student's enrolment being withdrawn.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 needed? Yes/No

Please tick box if your child has any of the following conditions or restrictions:

- Allergies to Food or Drugs / Medication _____
- Asthma: Mild Severe _____
- Diabetes _____
- Seizure disorder (e.g., epilepsy) _____
- Sleep Walking _____
- Recent Illness _____ Details: _____
- ADHA _____
- Diagnosed Migraines/headaches _____
- Mental Health (e.g., depression, anxiety, any history of self-harm or suicidal ideation etc)

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

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

Is your child covered by?

(a) Health Fund? _____

(b) Ambulance Fund? _____

Please circle for permission to call ambulance if need YES NO

Please circle permission for staff to give any medical attention if felt appropriate YES NO

Medicare Number: _____ Exp: __ / __ Number Listed on Card: _____
please provide a photo copy of card also

Health Care Card: _____ Exp. _____

If students are 16 or over, they are required to pay a consult fee of \$70

PARENT/GUARDIAN'S SIGNATURE: _____ DATED: _____