Lynwood
SENIOR HIGH SCHOOL

ENVIRONMENT & LIFE SCIENCE PROGRAM

STUDENT MEDICAL INFORMATION

This confidential report is intended to assist the school and supervising teachers to provide the best care for your child while they are at our school.

Student's Name _____ Date of Birth _____

Primary School Attending _____ Year Level _____

Parent/Guardian Full Name _____

Emergency telephone: After Hours _____ Business Hours _____

Email address

Name of Family Doctor _____ Telephone _____

Medicare Number

Private Health Insurance Provider _____ Number _____

MEDICAL CONDITIONS Tick the appropriate box if your child suffers any of the following conditions.

- ☐ Heart condition
- ☐ Travel Sickness
- ☐ Fits of any type
- ☐ Black outs
- ☐ Dizzy spells
- ☐ Migraine
- ☐ Asthma
- ☐ Diabetes
- ☐ Other

Please provide specific information of any condition and treatment

_____

_____

ALLERGIES *(please tick if your child suffers from any of the following)*

☐ Penicillin ☐ Foods ☐ Other allergies ☐ Other drugs ☐ Insect stings

Please provide specific information of any allergy and treatment.

_____

_____

IMMUNIZATION *Last tetanus immunization was* _____

TABLETS AND MEDICINES

Is your child currently taking tablets and/or medicine? ☐ **YES** ☐ **NO**

If YES, please state name of medicine and dosage

_____

_____

Arrangements for safekeeping and handling of medicines are to be made through your primary school prior to the excursion.

Consent to medical attention

Where it is not practical to communicate with me, I authorize the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary.

Parent/Guardian Signature _____ Date _____