



# LAWNTON INDEPENDENT SCHOOL MEDICAL INFORMATION FORM

## PERSONAL DETAILS

Student Name:

Student's Centrelink Reference Number (CRN):

Student Address:

Phone Number: (H):

Date of Birth:  Age:

## MEDICARE/HEALTHCARE CARD NUMBER & DOCTORS DETAILS

Medicare/Healthcare Card Number:

Doctor's Name:

Doctor's Phone Number:

## EMERGENCY CONTACT 1

Name:

Relationship to Student:

Phone Number: (H):  (M):

## EMERGENCY CONTACT 2

Name:

Relationship to Student:

Phone Number: (H):  (M):

## MEDICATION PERMISSION

I give permission for my student ..... to be given Panadol if he / she should present to the office with a headache or in need of pain relief.

.....

Parent Signature

	Condition/Injury/Allergy (Include food allergies)	Management of Condition/Injury/Allergy	Medications Required Medical Request Form Required?
1			
2			
3			
4			

**This form to be completed by student or Parent/Guardian.**

**Name of Signatory:**

I have listed all relevant condition/injury/allergies and medications. In the event of an emergency, I authorise TSA staff to contact ambulance/hospital/doctors as deemed necessary.

Signed:

Date: