ST. FRANCIS XAVIER COLLEGE

BERWICK & BEACONSFIELD

EMERGENCY DETAILS MEDICAL FORM

Surname: ....

Student's Name: ....

Date of Birth : .... **Male/Female: M F** **Religion:** ....

Residential Address: ....

.... **Postcode:** ....

FATHER/GUARDIAN

Name: .... Home phone: ....

Employer: .... Business: ....

Mobile: ....

MOTHER/GUARDIAN

Name: .... Home phone: ....

Employer: .... Business: ....

Mobile: ....

Indicate preferred order of contact: Mother: .... Father: .... Other: ....

Please advise of any restraining orders or legal constraints: ....

....

EMERGENCY CONTACT – OTHER THAN PARENTS

Name: ....

Relationship to child: .... Phone: ....

Mobile: ....

Medicare Number: .... Expiry date: ....

Medical Insurance: YES NO Fund: ....

Ambulance subscription: YES NO Anaesthetic Allowed: YES NO

Does your child have any known allergies? YES NO

Details: ....

Please see over for further details

ALL DETAILS MUST BE COMPLETED

PLEASE ANSWER THE FOLLOWING QUESTIONS

Does your child have an impairment with any of the following:

Hearing   Vision   Speech   Mobility

If so, please circle the one/s that apply and give details below.

....

....

Does your child have any of the following health conditions?

Allergy   Asthma   Blood disorders

Diabetes   Epilepsy   Headache/Migraines

Heart problems   Inherited disorder   Previous sporting injury   Other

If so, please circle the one/s that apply and give details below:

....

....

Has an Asthma Management Plan been completed?   YES   NO

If your child requires any Medication for a temporary or permanent condition a separate Medical Form must be completed and given to the School Nurse.

All medication must be supplied by the parent/guardian in its original packaging and clearly labelled with the student's name. These medications will be kept in the Health Centre for your child's use only.

PLEASE NOTE: Students are not allowed to self-administer medication while at school.

Be assured that confidentiality will be maintained for all information provided.

MEDICAL DATA & PARENTAL PERMISSION

In the event of an emergency, I authorise the Principal and/or School Staff to arrange, where it is impracticable to communicate with me, for my son/daughter to receive such medical and/or surgical treatment that may be deemed necessary. I authorise the College to call:

a Doctor   YES/NO   and an Ambulance   YES/NO

Usual Doctor's Name: ....   Telephone: ....

Specialist's name: ....   Telephone: ....
(if applicable)

The above information is correct and I will advise the College of any changes.

Parent's Signature: ....   Date: ....