Saint Ignatius College Geelong

A Jesuit Partner School
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AMARE ET SERVIRE

External Student Medical Information

Name of Student: _____ _____ _____
Name on Birth Certificate *First Name* *Middle Name* *Surname*

Date of Birth: / /	Year Level:	Homeroom:

Family Details (Please Complete all details)

Has any Family information changed since completing prior forms? ☐ Yes ☐ No

Parent/Guardian Full Name: _____

Address: _____ Suburb/City: _____ P/C: _____

Email:

	Mother	***Father***	***Emergency Contact***
Name:			
Home Phone/Mobile:			
Work Phone:			
Email:			***Relationship to Student***

Medical Information (Please Complete all details)

Has any Medical information changed since completing prior forms? ☐ Yes ☐ No

Name of Family Doctor / Clinic: _____ ***Phone:*** _____

Medicare No: _____ ***Ambulance Cover:*** ☐ Yes ☐ No

Please tick if your child suffers any of the following:

☐ Fits (of any type) ☐ Heart Condition ☐ Asthma^
☐ Dizzy Spells ☐ Blackouts ☐ Migraine ☐ Anaphylaxis^
☐ Travel Sickness ☐ Diabetes ☐ Allergies^

☐ Other: _____

^If ticked please supply the required Action Plan *(download from the College website - Enrolment page). Please work in consultation with your GP to complete and return to the College. Submit with enrolment form if a new student.*

Allergies^ *(Describe)**:***

☐ Medication / Drugs:	☐ Other Bites / Stings:
☐ Foods:	☐ Other:

What special care is recommended?

Tetanus Immunisation: Year of last tetanus immunisation:

Tablets and Medicines: Is your child presently taking tablets and/or medicine? ☐ Yes ☐ No

If yes, please state name of medication and dosage:

All daily medication must be handed to the front office. All containers must be labelled with your child's name, the dose to be taken and when it should be taken plus written permission given to administer. (These will be kept in a locked cupboard in front office and distributed as required.) If it is necessary or appropriate for your child to carry his or her own medication (for example, asthma puffers, Epipen or insulin for diabetics) it must be with the knowledge and approval of both the Principal and yourself.

Consent to Medical Attention (Please read and sign)

Where the teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner
- administer first aid as may be judged to be necessary by the staff member-in-charge

Signature: _____ Date: _____
(Parent / Guardian)

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