Saint Ignatius College Geelong

A Jesuit Partner School
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AMARE ET SERVIRE

Workplace Learning Confidential Medical Information

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

Date of Birth: / /	Year Level:	Homeroom:

Emergency Contact Details

Contact Name: _____

Relationship to Student: _____

Contact Number: _____

Medical Information

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:

Consent to Medical Attention

Where the employer is unable to contact me, or the school, or it is otherwise impracticable to contact me, I authorise the employer:

- 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 employer

Signature: _____ Date: _____
(Parent / Guardian)

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