

NEWCASTLE GRAMMAR SCHOOL

MEDICAL AND PERSONAL INFORMATION SHEET

We seek your co-operation to update our database, in providing essential details below to ensure that we have a complete and accurate medical record for **EVERY STUDENT** attending Newcastle Grammar School. The medical information is **VITAL** in the event of injury or illness at School. All information will be treated with absolute **CONFIDENTIALITY**.
Please return this form to the General Office Park Campus and/or Hill Campus *as soon as possible*.

FAMILY NAME: _____ STUDENT NAME: _____

YEAR: _____ ADDRESS: _____

TELEPHONE: _____ (H), _____ (MW), _____ (Mob) _____, (FW) _____, (Other) _____.

Are there any special custodial rights, access restrictions, etc of which the School should be aware?

CONTACTS IN THE EVENT OF AN EMERGENCY, OTHER THAN PARENTS/GUARDIANS.

NAME OF PERSON	RELATIONSHIP	TELEPHONE

MEDICAL INFORMATION:

Family doctor: Name: _____ Telephone: _____

Please advise any current medical disabilities and medication preventing this student from taking part in Physical Education or certain other sports, or activities, (attach note if necessary), and any other medical problem from which this student may suffer (such as Diabetes, Epilepsy, Asthma, Sight Problems, Hearing Problems, etc.)

MEDICATIONS: _____

Please list any **ALLERGIES** your child may have, eg. Food, Animals, Plants, Medications: _____

MEDICATIONS: _____

OTHER – SPECIAL NEEDS – IF ADD, AUTISM ETC: _____

MEDICATIONS: _____

SWIMMING ABILITY: POOR [] AVERAGE [] GOOD [] EXCELLENT []

IMMUNISATION CHECK LIST: Please tick 3

Immunisation Certificate for: Triple Antigen/Diphtheria [] Tetanus [] Polio Saban [] Rubella/Mumps/Measles []
Meningococcal [].

MEDICARE NO: AMBULANCE COVER: Yes/No

PRIVATE HEALTH INSURER: MEMBERSHIP NO:

Do you give permission for your family doctor or specialist to be contacted in the event of any emergency? YES/NO

Do you give the School permission to organise medical assistance including admission to Hospital, when it is not possible for the School to contact parents or the persons listed above? YES/NO

Signature of Parent/Guardian: _____

Please print name: _____ Date: _____

THANK YOU FOR YOUR CO-OPERATION