RMB 264 Rubicon Road
THORNTON VIC 3712
Ph: (03) 5773 2285

VISITING TEACHER
MEDICAL INFORMATION – Valid 2015

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence.

Full Name: _____ **D.O.B:** _____ **Gender:** _____

Address: _____

Home Ph No: _____ **Work Ph No:** _____ **Mobile Ph No:** _____

School: _____

Alternate Contact Person: _____

Home Ph No: _____ **Work Ph No:** _____ **Mobile Ph No:** _____

Name & Address of Family Doctor: _____

Medicare No: _____ **Medicare Card Valid to:** _____ **Position Number** (e.g. 2, 3)**:** _____

Ambulance Member YES / NO (If yes, member number)**:** _____

Y/N	ITEM	DETAILS
	Allergies	
	Blackouts	
	Diabetes	
	Dietary Requirements	
	Dizzy Spells	
	Epileptic Fits	
	Hay Fever	
	Heart Condition	
	Migraines	
	Sleepwalking	
	Travel Sickness	
	Previous Injuries	
	Physical Difficulties	
	Other	

Please tick the box on the left if you suffer any of the following:

	Anaphylaxis	If ticked you **MUST** complete and attach the action plan for Anaphylaxis
	Allergies	If ticked you **MUST** complete and attach the action plan for Allergic Reactions
	Asthma	If ticked you **MUST** complete and attach the Asthma Management Plan

The Action plans for Anaphylaxis and Allergies, and the Asthma Management Plan can be found at:
http://www.rubicon.vic.edu.au

Name (Please print)**:** _____

Signature: _____ **Date:** _____