

## VISITING TEACHER MEDICAL INFORMATION – Valid 2013

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:** \_\_\_\_\_

**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:*

|                          |             |                                                                                      |
|--------------------------|-------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Anaphylaxis | If ticked you <b>MUST</b> complete and attach the action plan for Anaphylaxis        |
| <input type="checkbox"/> | Allergies   | If ticked you <b>MUST</b> complete and attach the action plan for Allergic Reactions |
| <input type="checkbox"/> | Asthma      | If ticked you <b>MUST</b> 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:** \_\_\_\_\_