



610 Nayook-Powelltown Rd
Nayook
LPO Neerim Junction
VIC 3832
P: 5628 4210

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 MUST complete and attach the action plan for Anaphylaxis
<input type="checkbox"/>	Allergies	If ticked you MUST complete and attach the action plan for Allergic Reactions
<input type="checkbox"/>	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: _____