



Medical Information Sheet

The following information is required in the event that your child should take unexpectedly ill or should be injured during an excursion/sporting visit and medical treatment needs to be sought for your child. All information will be kept strictly confidential.

NAME OF CHILD **D.O.B**

PARENT'S/GUARDIAN'S NAME/S

ADDRESS

PHONE (home) (work)
 (mobile) (email)

EMERGENCY CONTACT PERSON

RELATIONSHIP **PHONE**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. My child has been immunised against tetanus.
Date of last injection _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My child is allergic to particular drugs.
If yes, list drugs _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child suffers from a particular disease or allergy.
If yes, state what disease/allergy and what drugs are taken.

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any other medical information you may consider important.

_____ | | |

Privacy

The information provided on/...../..... by is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Chifley public School.

It will be used by officers of the NSW Department of Education and Training to assist planning, to support students, and to minimise risks when conducting school excursions, sporting or other school activities.



Chifley Public School

MITCHELL STREET
CHIFLEY 2036
TELEPHONE: 9661 3014
FACSIMILE: 9661 6934

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is not required by law. However, a failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office.

5. My child's Medicare Number is (expiry)

6. My child is covered by Hospital Benefits. Yes No
Membership Fund _____ Number _____

7. My child has ambulance cover. Yes No

In the event of any accident or illness, I authorize the obtaining, on my behalf where it is impractical to communicate with me, of such medical assistance as my child may require. I also authorize the administering of an anaesthetic, if this is deemed necessary by the attending medical officer.

I further understand that I shall be contacted immediately such medical treatment is necessary /has been sought.

I agree to pay for any costs involved.

Signed _____ Date _____
Parent/Guardian

Medical Insurance: Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, area and state sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance is available through normal retail outlets.