



## Confidential Medical Information Disclosure Form

Skillinvest will use this information if your child is involved in a medical emergency. All information is held in confidence.

Student's full name:

Student's address:

Postcode:

Date of birth:

Year level:

Parent/guardian's full name:

Emergency telephone numbers: *After hours*

*Business hours*

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

*Business hours*

Name of family doctor: \_\_\_\_\_

Address of family doctor:

Phone number:

Medicare number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber?  Yes  No If yes, ambulance number:

**Please tick if your child is living with any of the following health conditions:**

- Asthma (if ticked complete Asthma Management Plan)
- Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
- Blackouts                       Diabetes                       Dizzy spells                       Migraine
- Heart condition                       Sleepwalking                       Travel sickness                       Seizure of any type
- Other: \_\_\_\_\_

**Allergies**

Please tick if your child is allergic to any of the following:

- Penicillin                       Other Drugs: \_\_\_\_\_
- Foods: \_\_\_\_\_
- Other allergies: \_\_\_\_\_

What special care is recommended for these allergies? \_\_\_\_\_

Year of last tetanus immunisation: \_\_\_\_\_  
(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

**Please tick if your child is living with any of the following impairments:**

- Hearing                       Vision                       Speech                       Mobility

**Medical consent**

Where the trainer-in-charge is unable to contact me, or it is otherwise impracticable to contact me, I authorise the trainer-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the trainer-in-charge judges to be reasonably necessary.

\*all students under the age of 18 require parent/guardian signature

Signature of parent/guardian (named above) \_\_\_\_\_

Date: \_\_\_\_\_