



**ARNDELL  
ANGLICAN COLLEGE**  
Learning through Christ

**CONFIDENTIAL STUDENT MEDICAL INFORMATION**

(please return to the school ASAP)

Student's Name: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Other Contacts: (1) \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Other Contacts: (2) \_\_\_\_\_ Relationship: \_\_\_\_\_

PhoneNumber: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child suffer from any illness? (Asthma, Diabetics etc)

\_\_\_\_\_

If yes, please give details:

\_\_\_\_\_

\_\_\_\_\_

Medication and Dosage given: \_\_\_\_\_

Does your child suffer from any allergies? \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Medication and Dosage given: \_\_\_\_\_

Any disabilities? (Vision, Hearing etc.) \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

**Note:**

- If in the case of an emergency and we cannot contact you, an ambulance will be called for further Medical advice.
- If there are any changes to your child's medical information please notify the school of these changes.

**Administration of Medication :**

- for **Paracetamol** to be administered to any student in the College, the School requires written permission from the student's parents noting down the dosage that can be administered
- for prescribed medication to be administered, the School requires written permission from the parents stating what the medication is and the times to be administered. All medication given to reception needs to be in the original bottle or package.

**If we are able to administer Paracetamol to your child, please sign the form below and return to the School Reception office.**

**Permission to Administer Paracetamol:**

- I **do / do not** give permission for my child to be given Paracetamol.  
**(Circle the appropriate choice)**

**If permission is given**, please sign below and include the amount to be given:

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

