



# ABERDEEN PUBLIC SCHOOL

## MEDICAL INFORMATION SHEET

Name: \_\_\_\_\_

School: **Aberdeen Public School, Aberdeen NSW**

Sports Event: \_\_\_\_\_

For the safety of your child, King Street Public School considers it important that you complete the following medical information sheet and return it to your school which will forward all medical forms to the appropriate manager. This form is mandatory.

### Medical Information

### Details

1. Heart Problems Yes / No \_\_\_\_\_
2. Respiratory Problems Yes / No \_\_\_\_\_
3. Allergies Yes / No \_\_\_\_\_
4. Blood Pressure Yes / No \_\_\_\_\_
5. Recent Illnesses Yes / No \_\_\_\_\_
6. Drug Reaction (eg Penicillin) Yes / No \_\_\_\_\_
7. Tetanus needle Yes / No \_\_\_\_\_
8. Any other relevant information \_\_\_\_\_  
(current medication etc) \_\_\_\_\_
9. Medicare Number \_\_\_\_\_ Ref: \_\_\_\_\_ Expiry date: \_\_ / \_\_\_\_
10. Private Health Insurance Fund \_\_\_\_\_ No. \_\_\_\_\_
11. Do you contribute to the NSW Ambulance? \_\_\_\_\_
12. Emergency contact (on day of event): Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

I authorize the teachers or medical officer in attendance to obtain medical assistance which they deem necessary should an accident occur and agree to pay all medical expenses incurred on behalf of the above student.

I further authorize qualified practitioners to administer anaesthetic if such an eventuality arises.

Signed: \_\_\_\_\_ (Parent / Guardian)

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