



Health Information Form

Given Names _____ Surname _____

Birthdate _____

Parent/Guardian _____ Mobile _____

Alternative Contact _____ Mobile _____

Please advise if any of the following apply to the member:

MEDICAL CONDITIONS

Does your child have any medical condition or health problem? YES / No

If "YES" please give details _____

Medication to be taken _____

Special Instructions _____

Are you aware of any medical emergency which could occur YES / No

If "YES" please give details _____

Precautions to avoid emergency _____

How to recognise emergency _____

Emergency treatment required _____

MEDICATION

Does your child take any prescription medication (including inhalers)? YES / No

If "YES" please give details _____

Medication Name _____ Dose _____

When Taken _____

How Taken _____

Side Effects _____

Note: Any medications needed should be available during activities, with written notes of your child's name, medication, dose, etc

MEDICATION

Has your child received a complete course of Tetus Toxoid immunisation? YES / No

Check details with your doctor if uncertain. Date of last Booster _____

ALLERGIES

Does your child have any allergies? YES / No

If "YES" please give details _____

Medication to be taken _____

Special Instructions _____

Have you supplied an Allergy Action Plan? YES / No

OTHER CONDITIONS

Does your child have any other conditions or anything that we need to know about? YES / No

If "YES" please give details _____

IN AN EMERGENCY

I give permission for _____ to be treated in the case of medical emergencies requiring ambulance attendance and transportation to hospital or other medical attendances by a Doctor

Print Name _____

Parent / Guardian Signature _____ Date _____