

MUELLER COLLEGE

Student Medical Information

Please complete and return as soon as possible to the Front Office or Health Room (N Block)

The College needs to keep accurate and up-to-date records of all students' contact and medical details. Information provided is treated as confidential. Should any of the details supplied change, please notify the College promptly, in writing.

Privacy Information: The College collects medical information about students to enable it to discharge its duty of care. For further information about privacy issues and our Privacy Policy please contact the Head of College or refer to the Mueller College website.

STUDENT DETAILS

Surname	Given Name
Year / Form Class	Date of Birth

MEDICAL INFORMATION

Does your child have:

Asthma?	Yes / No
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If Yes, please provide details / management plan

Epilepsy?	Yes / No
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If Yes, please provide details / management plan

Allergies? (eg insect bites, food)	Yes / No
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If Yes, please provide details / management plan

Diabetes?	Yes / No
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If Yes, please provide details and your child's current medical plan.

Any other medical condition, disability or health concern?	Yes / No
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If Yes, please provide details / management plan

Any mental health history (eg. anxiety, depression)	Yes / No
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If Yes, please provide details / management plan

Does your child require medication to be taken during school time?	Yes / No
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If Yes, please ensure the College has a current Student Medication Request form completed by you and the child's doctor.	
Has your child had a serious accident, illness or operation?	Yes / No
If Yes, please provide details	
Should any restrictions be placed on your child's activities? eg. swimming, etc?	Yes / No
If Yes, please provide details	
What is the year of your child's last tetanus injection?	
Paracetamol allowed? <i>(All medication must be supplied by parent / guardian and handed into the Health Room (N Block), it will be kept in your child's file)</i>	Yes / No
May your child use school provided sunscreen? (If no, please supply your own)	Yes / No
May your child use school provided insect repellent? (If no, please supply your own)	Yes / No
Completion for Secondary Students only:	
I give permission for my child to participate in interschool sport, recreational sport and timetabled HPE lessons.	Yes / No
I give permission for my child to travel on buses or if needed in a car.	Yes / No
PARENT / GUARDIAN	
<p>In the event of any illness or injury, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment involved and the responsibility for payment of any expenses thus incurred.</p> <p>All medical information about my child has been completed.</p> <p>This medical information will be used throughout the year for all activities and excursions. Please ensure that you notify the school immediately of any changes in writing to the above information.</p> <p>Signed (Parent / Guardian)</p> <p>Date</p>	

Student name:

EMERGENCY CONTACT OTHER THAN PARENTS:

Name:

Contact number:

Relationship to student: