



TOWNSVILLE GRAMMAR SCHOOL

MEDICAL INFORMATION – DAY STUDENTS

Please complete **all** sections of the following form and **notify the school immediately of any changes of address and/or medical updates.**

Child's Surname: Child's Given Name:.....

Child's Address:.....

.....

Post Code:..... Cultural Background:.....

Male / Female DOB:/...../..... Year Level:..... (eg Year 7) Year of Entry:..... (eg 2021)

FATHER/PARENT/GUARDIAN 1 DETAILS:

Full Name:

Address of Father/Parent/Guardian.....

.....

Post Code:..... Cultural Background:.....

Telephone Number(s): (H) (W)

(M)

MOTHER/PARENT/GUARDIAN 2 DETAILS:

Full Name:

Address of Mother/Parent/Guardian.....

.....

Post Code:..... Cultural Background:.....

Telephone Number(s): (H) (W)

(M)

HEALTH COVER

Private Health Fund: Yes / No Fund Name.....

Membership No

Family Medicare Number: No. next to Student's Name:.....

Expiry Date:

IN CASE OF ILLNESS OR ACCIDENT

If the School is unable to contact the parents/guardians or emergency contact person to collect the student for treatment, the School will take the student to the nearest available practitioner, the cost of which will be met by the parent.

If the situation requires emergency action, an ambulance will be called and the student will be taken to an accident or emergency department, the cost of which will be met by the parent.

ANALGESICS

Do you give permission for the School Nurse or designated First Aid Officer to administer oral analgesics if he or she determines these are required, as per recommended dose for child's age / weight?

- Paracetamol (Panadol) **Yes** **No**
- Ibuprofen **Yes** **No**
- Antihistamine **Yes** **No**

MEDICAL PRACTITIONER DETAILS

Preferred Doctor: Phone:

Medical Practice Address:

.....

Preferred Dentist: Phone:

Dental Practice Address:

.....

MEDICAL HISTORY

Has your child ever suffered from any of the following? If so, please provide details below:

1. Asthma Yes No

Please provide 'Asthma Medical Action Plan' available here:

<https://www.tgs.qld.edu.au/enrolments/commencement-pack/>

2. Allergies Yes No

Please provide 'Allergy Medical Action Plan' available here:
<https://www.tgs.qld.edu.au/enrolments/commencement-pack/>

3. Heart Condition Yes No
4. Sight or Hearing Disorder Yes No
5. Mental Health: Anxiety, depression or panic attacks Yes No
6. Fear/Phobias Yes No
7. Diabetes Yes No

Please provide 'Diabetes Medical Action Plan' available here:
<https://www.tgs.qld.edu.au/enrolments/commencement-pack/>

8. Epilepsy Yes No

Please provide 'Epilepsy Medical Action Plan' available here:
<https://www.tgs.qld.edu.au/enrolments/commencement-pack/>

9. Bleeding Disorder Yes No
10. Muscular/Skeletal – Ankle/Back/Knee/Joint Problems Yes No
11. Any Injury/Operation in the last 12 months Yes No
12. Headaches Yes No
13. Nose Bleeds Yes No
14. Other Conditions Yes No

(Conditions which may be aggravated by fully participating in School programmes e.g. sport, camps etc)

15. Does your child wear glasses or contact lenses? Yes No

16. Is your child currently on any medications? Yes No

If so, please list:

If medications are required to be administered whilst at School, please complete 'Medical Management Plan' available here: <https://www.tgs.qld.edu.au/enrolments/commencement-pack/>

17. Relevant details of Medical Condition:

If condition requires management whilst at School, please complete 'Medical Management Plan' available here: <https://www.tgs.qld.edu.au/enrolments/commencement-pack/>

18. Special Dietary Needs:

SIGNATURE(S):

Date/...../.....

Father/Parent1/Guardian.....

Mother/Parent2/Guardian.....