



Sacred Heart School Health Information Form 2012

Name _____ Grade _____

Date of Birth _____

Residential Address _____
_____ Postcode _____

Mother / Guardian's Name _____

Home Phone _____ Mobile _____ Work Phone _____

Father/ Guardian's Name _____

Home Phone _____ Mobile _____ Work Phone _____

Emergency Contact (not parent)

Name _____ Relationship to child _____

Home Phone _____ Mobile _____ Work Pnone _____

Doctor's Name _____ Phone Number _____

Medicare Number _____

Does your child have private health insurance? YES NO If yes with whom? _____

In the event of our inability to contact you in an extreme emergency, do you give permission for emergency medical treatment? YES NO

If your child needed to be admitted to hospital, would you prefer they were admitted as a private patient? YES NO

Every endeavour to contact you by phone will be made if your child has a headache, toothache or other minor pain as we are unable to give paracetamol to children.

PLEASE COMPLETE ALL THE QUESTIONS ON BACK OF THIS FORM AND SIGN

Does your child have asthma?

YES NO

If yes then please complete an Asthma Action Plan and Medication form and return it with this form. If we have a current asthma plan from your doctor a copy of this could be given to the school in place of the attached form but we would still need the Permission for Medications completed.

Does your child suffer from any of the following? (please tick if yes)

diabetes____ migraine ____ blackouts /dizzy____ travel sickness____ sleepwalking____

heart condition____ hearing difficulties____ vision problem____ epilepsy____ bedwetting____

Please give specific details

Please complete this table and fill in complete details of any known allergies

Possible Allergen	Yes	No	Un known	Specific type	Reaction – signs and symptoms	Action to be taken if reaction occurs
Penicillin						
Other Medication /drugs						
Foods						
Bites or stings						
Other -						

Has your child ever had an anaphylactic reaction? YES NO

If yes a separate Anaphylactic Action Plan needs to be completed by the child’s doctor and then a copy given to the school. This is to be an updated plan for 2012 please.

If your child requires regular medication required to be taken during school hours, either long term or short term during the year, will need to obtain a medication form from the school office.

Parents and/or Guardian Name and Signature _____

Date completed: _____



Sacred Heart School 2011

Specific Information Needed for Children with Asthma

If you already have a current asthma plan from your child's doctor please attach this rather than filling in the details below.

Name of Student: _____ Year _____

1. What medical program is followed (if any)? Either give details or attach a copy of any specific asthma plan from your doctor.

2. Give Peak Flow Readings:
Best _____
If Medication needed _____
In an Emergency _____

3. Medication and treatment to be used in the event of worsening asthma:

4. Medication and treatment to be used in the event of an emergency:

5. Known triggers for your child's asthma _____

6. Has your child been admitted to hospital with an asthma attack in the last 12 months **YES/NO**

Parents signature _____ Date _____