

GEORGE STREET NORMAL SCHOOL

MEDICAL FORM

(Please complete and return with your enrolment documents)

CHILD'S NAME _____

HOME PHONE NUMBER _____ **CELL** _____

FAMILY DOCTOR _____ **Drs PHONE** _____

EMERGENCY CONTACT NAME _____

PHONE _____

Please briefly describe your child's GENERAL HEALTH:

Please briefly describe any MEDICAL CONDITIONS your child has:

Please briefly describe MEDICATIONS REQUIRED (Particularly important if they are required at school – but should be stated even if they are not, so that if your child needs referral to a doctor or to the hospital and you cannot be contacted immediately, that information is available to be passed on. Please give the prescribed dosage and frequency).

Please note that all medication required at School should be kept in the School Office. (Inhalers may be held by teachers in the classrooms). A form is available to authorise the administration of medication at school from the school office.

ALLERGIES

Is your child allergic to anything including penicillin or any other known medication?

TETANUS

Has your son/daughter had a tetanus injection? Yes / No When?

SIGNED:

DATE: