



CLAYFIELD COLLEGE

Medical Information Form

STUDENT'S SURNAME: _____ GIVEN NAME: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

DATE OF BIRTH: _____ BOARDER: YES/NO YEAR LEVEL: _____

PHONE NOS: HOME: _____ BUSINESS: _____

MOBILE: FATHER: _____ MOTHER: _____

EMAIL ADDRESS: _____

FAMILY DOCTOR: _____ TELEPHONE: _____

ARE YOU IN A MEDICAL FUND? YES/NO NAME OF FUND: _____

HEALTH FUND NUMBER: _____ HEALTH FUND EXPIRY DATE: _____

MEDICARE NUMBER: _____ MEDICARE EXPIRY DATE: _____

CHILD'S POSITION ON MEDICARE CARD: _____

Parent Signature: _____ Date: _____

Does your child experience any of the following medical conditions:

Medical Condition	(Please Circle)	Details
Allergies	Y / N	If yes, please complete the Questionnaire Relating to Allergies
Asthma	Y / N	Mild <input type="checkbox"/> Moderate <input type="checkbox"/> - Please attach a current Asthma Action Plan Severe <input type="checkbox"/> - Please attach a current Asthma Action Plan
Bedwetting	Y / N	
Diabetes	Y / N	If yes, please attach a Diabetes Management Plan
Epilepsy	Y / N	If yes, please attach a Epilepsy Management Plan
Heart Condition	Y / N	
Blood Pressure Problems	Y / N	
Past History of Fainting	Y / N	
Regular Headaches/Migraines	Y / N	
Recent Injuries/ illness/ Surgeries (in last 6 – 12 months)	Y / N	
Sleep Walking	Y / N	
Travel/Motion Sickness	Y / N	
Hay Fever	Y / N	
Eczema/Other Skin Conditions	Y / N	
Food Intolerances	Y / N	
Coeliac Disease/Other GI Diseases	Y / N	
Behavioural or Emotional Disorders	Y / N	

MEDICATION – ALL STUDENTS

When a student has to take medication at school, parents need to complete a **MEDICATION REQUEST FORM** (This form is located on the College website at www.clayfield.qld.edu.au under Our College – Forms.) to accompany the medication. The medication must be in its original packaging, including the Doctor's instructions and submitted to the Registered Nurse at the Health Centre. Medication **WILL NOT** be administered if the Medication Request Form is not completed.

1. Is your child currently taking regular medication? YES ☐ NO ☐

Details of Medication: _____

2. Do you give permission for your child to be administered:

Paracetamol (panadol) for pain & fever YES ☐ NO ☐

Ibuprofen (neurofen) – for pain, fever or fever inflammation YES ☐ NO ☐

Stingose (spray ointment) – for minor insect bites & stings YES ☐ NO ☐

MEDICATION- BOARDERS ONLY

In addition to the above,

Do you give permission for your child to be administered:

Aspirin for pain & fever YES ☐ NO ☐

Antihistamine for mild allergies YES ☐ NO ☐

Naproxen for menstrual pain YES ☐ NO ☐

IMMUNISATION FOR ALL STUDENTS

Year Immunised For:		Past Illness / Infection / Conditions	
Diphtheria		Chicken Pox	Y / N
Influenza (Flu)		Glandular Fever	Y / N
Haemophilus Influenza B (hib)		Hepatitis A	Y / N
Hepatitis A		Hepatitis B	Y / N
Hepatitis B		Hepatitis C	Y / N
Measles		HIV	Y / N
Meningococcal		Malaria	Y / N
Mumps		Measles	Y / N
Pertussis (Whooping Cough)		Mumps	Y / N
Polio		Rubella	Y / N
Rubella		Other	Y / N
Tetanus			
Tuberculosis			
Varicella (Chicken Pox)			
Other			

IMMUNISATION FOR BOARDERS ONLY

Part of the Queensland Health's School Based Vaccination program every Year 8 and Year 10 student in Queensland is offered free vaccinations to protect against Human Papillomavirus (PPV), Hepatitis B, Chicken Pox, Diptheria, Tetanus and Pertussis (Whooping Cough). This is part of the National Immunisation Program. If you wish your child to be vaccinated please tick the appropriate boxes and answer the following questions:

Year 8

Human Papillomavirus (HPV) YES ☐ NO ☐

Hepatitis B YES ☐ NO ☐

Chicken Pox YES ☐ NO ☐

Year 10

Dtpa (Diptheria Tetanus Pertussis) YES ☐ NO ☐

Has your child ever had a severe reaction following a vaccine? YES ☐ NO ☐

If Yes, please describe: _____

Has your child ever fainted after a vaccine? YES ☐ NO ☐

Does your child have a condition (Leukemia, cancer) which lowers immunity? YES ☐ NO ☐

If yes, please describe: _____

Is your child on medication which lowers immunity(eg oral cortisone or prednisone)? YES ☐ NO ☐

If yes, please describe: _____