PRE-KINDERGARTEN – MEDICAL HISTORY FORM

THIS FORM MUST BE SUBMITTED WITH ENROLMENT FORM

Please note that your child must be fully toilet trained before commencing enrolment.

Name of Student
(Given Names) (Surname)

Date of Birth Medicare No. Expiry Position on Card

Medicine Allergies

Food Allergies

Other Allergies

Health Issues / Special Needs

Emergency Contact Details
Contact 1 (PARENT) Name: 
Telephone: (H) (W) (M)
Contact 2 (PARENT) Name: 
Telephone: (H) (W) (M)
Contact 3 Name: 
Telephone: (H) (W) (M)

Contact Details of Student’s Doctor

Contact Details of Student’s Dentist

Please initial beside EACH MEDICATION which you authorise nursing staff to administer to your child if required.

- Anti Inflammatory Gel
- Antifungal Cream
- Aspirin
- Betadine
- Butesin Picrate
- Cepacol
- Claratyne
- Cold Sore Cream
- Dexsal
- Difflam Gargle
- Cold & Flu Tablets
- Duro Tuss Elixir
- Gastrolyte
- Heat Rubs
- Hirudoid
- Lozenges
- Mylanta
- Nurofen
- Panadeine
- Panadol
- Phenergan
- Rikodeine
- Savlon Antiseptic Cream
- Senegar
- Stingoes
- Sudafed
- Telfast
- Ventolin
- Visine

PTO
### PRE-KINDERGARTEN – MEDICAL HISTORY FORM

**Medications to be held at Health Centre at parent’s request**

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<th>Prescription Medication</th>
<th>Dose</th>
<th>Frequency</th>
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**List Prescription Medications, their dose and frequency, that your son / daughter is currently taking:**

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<th>Dose</th>
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**MEDICAL CONSENT**

To: THE PRINCIPAL, THE SCOTS SCHOOL BATHURST AND LITHGOW

I, We the undersigned, provide the information contained in this form and certify its accuracy.

I, We authorise and consent to the administration of the procedures set out above in the event of injury to or illness of:

(Name of Child)

I, We authorise you to obtain and assist in the administration of medications specified and any others as notified by me/us from time to time in writing on behalf of my/our named child.

I, We undertake to inform you of any changes to the information in this form, as and when necessary.

Signed Parent/Guardian

Signed Parent/Guardian

Date

Date