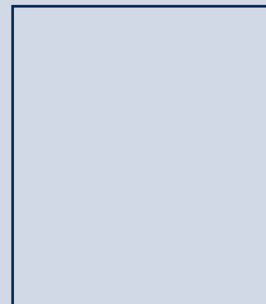
PRE-KINDERGARTEN – MEDICAL HISTORY FORM

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 <u>beside EACH MEDICATION</u>** 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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List Prescription Medications, their dose and frequency, that your son / daughter is currently taking:

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MEDICAL CONSENT

To: THE PRINCIPAL, THE SCOTS SCHOOL BATHURST AND LITHGOW

I, We ____________________ (Print Names)

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		Signed	
	Parent/Guardian		Parent/Guardian
Date		Date	