



**STUDENT HEALTH RECORD UPDATE FORM - CONFIDENTIAL
YEAR 2008**

The following sections to be completed by students' parents or legal guardian and returned to the college at the commencement of the year.

This form is a yearly update information record for all current students. Please ensure that all information relating to your child is completed on this form, which will assist us in the health and well being of your child. Thanking you for your co-operation.

Please complete in BLOCK LETTERS

PERSONAL PARTICULARS

STUDENT'S FULL NAME:

DATE OF BIRTH: MALE / FEMALE

FULL NAME OF PARENTS OR LEGAL GUARDIANS:
.....

ADDRESS:

IF DIVORCED, CUSTODIAL PARENT:

TELEPHONE: (HOME) (WORK)
..... (MOBILE) (FAX)

EMERGENCY CONTACT NAME:
RELATIONSHIP: TELEPHONE:

MEDICARE No: HEALTH CARE CARD No:

PRIVATE MEDICAL FUND: YES / NO
NAME OF FUND: FUND MEMBERSHIP No:

ST JOHN AMBULANCE MEMBERSHIP No:

FAMILY DOCTOR: TELEPHONE:
ADDRESS:

ALBANY DOCTOR: TELEPHONE:

DENTIST: TELEPHONE:

CHEMIST: TELEPHONE:

PTO

PHYSIOTHERAPIST: TELEPHONE:

OTHER: TELEPHONE:

IMMUNISATION OF YOUR CHILD.

(Please list Tetanus Booster /Rubella, Whooping cough etc)

.....Date: Date:

.....

.....Date: Date:

.....

PAST / PRESENT ILLNESS:

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.....
.....
.....
.....

MEDICATION:

.....
.....
.....
.....
.....

DOCTOR: TELEPHONE:

ALLERGIC REACTIONS:

MEDICATIONS: (eg Penicillin)

FOOD:

PLANTS / INSECT BITES:

OTHER:

Signature of parent / guardian:

Date: