

Australian Flute Festival 2009

HEALTH INFORMATION FORM

Student's Surname	Given Name	Date of Birth

YES NO

Does the student have any medical condition or other healthcare concern?
If 'yes' give details below.

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YES NO

Are you aware of any medical/healthcare emergency that could arise?
If 'yes' give details below.

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Type of emergency & how to recognise it	
Avoidance precautions	
Emergency treatment	

YES NO

Does the student take any prescribed medication, including inhalers?
If 'yes' give details below.

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Medication	Dose	When & how taken	Side effects?

YES NO

Is the student immunised against tetanus? (If in doubt, ask your doctor)

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Date of last tetanus booster?

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If the student is covered by a private health/medical and/or ambulance fund, give details below.

Medicare No.	Health Fund	Benefit tables	Membership no.	Ambulance fund no.

Emergency Contact Telephone Number(s)

Name Number

Parent/ Care Giver Signature Date