

STUDENT INFORMATION

STUDENT SURNAME/S	STUDENT FIRST NAME/S	DATE OF BIRTH

Does the student have any medical condition or other healthcare concern? YES / NO

If 'YES', give details below:

Are you aware of any medical or healthcare emergency that could arise? YES / NO

If 'YES', please give details below:

TYPE OF EMERGENCY	
How to recognise it	
Avoidance precautions	
Emergency treatment	

Does the student take any prescribed medication, including inhalers? YES / NO

MEDICATION	DOSE	WHEN/HOW	SIDE EFFECTS

Is the student immunised against tetanus? YES / NO

Date of last tetanus booster? _____

Is the student covered by a private health/medical and/or ambulance fund? YES / NO

MEDICARE NUMBER	HEALTH FUND NAME	MEMBER NUMBER	AMBULANCE FUND

EMERGENCY CONTACT DETAILS

	EMERGENCY CONTACT NAME	CONTACT NUMBER
1.		
2.		

Please choose one of the following:

I am registered for the main festival

I am registered for the Junior Day only

PARENT / CARER NAME

PARENT / CARER SIGNATURE

DATE