

Medical Details



CHRIST'S COLLEGE
CANTERBURY

Medical details for:

House: Year Level:

DOB:

Dear Parents,

The purpose of collecting this medical information is for Christ's College to be able to respond to a medical emergency. No information entered on this form will be used for any other purpose.

The information you provide will be invaluable for **all staff** responsible for your son's care at school, when playing sport or away on field trips.

Please contact your son's Housemaster or Health Centre if you have any problem completing this form.

SPECIFIC MEDICAL INFORMATION <i>(Please circle the appropriate answers)</i>		FURTHER INFORMATION
Medic Alert <i>(please give details)</i> Does your son have a prescribed 'Epipen' for his Medic Alert?	YES / NO YES / NO	<i>(if yes, please sign here to authorise its use in an emergency)</i> Signature:
Allergies <i>Food, medication, elastoplast, iodine or insect bites/stings</i>	YES / NO	
Asthma <i>(prescribed medication)</i>	YES / NO	
Hayfever <i>(prescribed medication)</i>	YES / NO	
Epilepsy <i>(prescribed medication)</i>	YES / NO	
Eczema <i>(prescribed medication)</i>	YES / NO	
Diabetes <i>(prescribed medication)</i>	YES / NO	
Can pain relief such as Paracetamol, Paracetamol/Codeine, Ibuprofen or Antihistamine be given if required?	YES / NO	
Is there any other relevant medical information you wish recorded?	YES / NO	
Please list any other prescribed medications taken		

PLEASE TURN OVER >>

VACCINATIONS*Please tick the box if your son has been vaccinated against the following conditions:* Polio Tetanus HIB Mumps Rubella Hepatitis B Diphtheria Pertussis (*whooping cough*) Measles Meningococcal Meningitis**Comments:****EMERGENCY CONTACTS****PARENT EMERGENCY CONTACT****OTHER EMERGENCY CONTACT**

Name:

Name:

Phone numbers:

Phone numbers:

DOCTOR**DENTIST**

Name/Practice:

Name/Practice:

Phone:

Phone:

 I give permission for my son to be assessed and treated by the School Nurse and/or school appointed Doctor if required.

Signature: Date:

Christ's College Health Centre

Nurses: Kaye McKenzie and Nicky Taylor

Phone: 03 366 8705

Email: healthcentre@christcollege.com