



# Emergency Contacts and Medical Details

Student's Name: \_\_\_\_\_

## ***Emergency Contact Information***

**Please provide details of persons that can be contacted in an emergency (*other than the parents*).**

### First Emergency Contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

### Second Emergency Contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

## ***Medical Information***

**Does this child take any long-term medications?**

Yes  No

If yes, please give details of medication/s, dosage, and condition for which each is required.

1.

2.

(If your child experiences Asthma or Allergies, please complete separate management form.)

### **Medicare and Ambulance Details**

Medicare Number: \_\_\_\_\_ Position: \_\_\_\_\_ Card Expiry: \_\_\_\_\_

Do you have ambulance cover for this child?  Yes  No

Child's Blood Group (if known): \_\_\_\_\_

### **Doctor's Contact Details**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

