



2020 Confidential Medical Information for Volunteers

This information is intended to assist the school in case of any medical emergency.
All information is held in confidence.

PARENT DETAILS

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ Phone Number: _____

Working With Children Check: Yes No _____

EMERGENCY CONTACT DETAILS

Contact Name: _____

Contact Phone Numbers: Work: _____

Home: _____

Mobile: _____

MEDICAL INFORMATION

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone Number: _____

Medicare Number: / (Ref. No.)

Private Health Insurance: Yes No

Fund Name: _____

Fund Number: _____

Ambulance Membership: Yes No

Year of last Tetanus: ____ / ____ / ____

Please list any known allergies: (eg. Medications, foods, insects etc)

Please list all current medication:

Parent Signature

____ / ____ / ____
Date