



## 2018 Confidential Medical Information for Parent 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