



TRINITY GRAMMAR SCHOOL

MEDICAL INFORMATION FORM

STUDENTS Personal Details	House	School Year
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Name		DOB
Home Address		

Parents Emergency Contact Details		
Name		
Relationship		
Phone Number	Daytime:	After Hours:
	Mobile:	Other:

Medical Insurance		
Private Fund #		
Medicare #		Number on Card

Medical History			
Does your child suffer from:			
Asthma: Yes No	Diabetes: Yes No	Epilepsy: Yes No	
Allergies: Yes No	ADHD: Yes No	Regular medication: Yes No	
If answered yes to above, please provide details of severity, medication and correct administration or equipment required:			
What year was your child's most recent Tetanus Booster?		20__	
Has your child suffered any acute illness in the last four weeks:		Yes No	
If yes, please specify:			
Is there any social condition that may require attention during stay:		Yes No	
If yes, please specify:			

PERMISSION TO ANAETHETISE AND OPERATE
<p>I hereby authorise the Master of Day Boarding or his delegate to permit my son/ward to be given a general anaesthetic and to be operated on in case of medical emergency if a duly qualified medical practitioner considers such treatment necessary during any period of stay at Day Boarding. This permission is given providing that every reasonable effort will be made to contact me personally before any decision is taken to Anaesthetise and Operate.</p>

Signature	Date	Signature of Witness	Date
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