



STUDENT MEDICAL RECORD

1. Student Details					
First Name/s:	_____		Last Name:	_____	
Date of Birth:	_____		Current Year Level:	_____	
Medicare Card Number:	_____		Position/Expiry:	_____	_____
2. Medical Conditions					
Condition #1					
Condition:	_____		Severity:	Life-threatening Severe	Mild
Emergency Treatment:			Other Treatment:		
Condition #2					
Condition:	_____		Severity:	Life-threatening Severe	Mild
Emergency Treatment:			Other Treatment:		
3. Medications					
For medication to be administered by College staff you are also required to complete a Medication Authorisation & Administration Form.					
Prescribed Medications:	Epi-Pen Antihistamine Ibuprofen	Paracetamol Ventolin Other (list below)	Required When:	As required Pre-exercise Prevention	Relief Other (list below)
Details/Storage/etc:	_____		Dosage:	_____	
4. Medical Symptoms					
Symptoms:			Other Details:		

5. Risks			
Risk Description:	_____	Risk Details:	_____
Required Action:	_____		
6. Allergies			
Allergy:	Bites Food Medication	Stings Unknown Other (list below)	Severity: Life-threatening Severe Mild
Description:	_____		Treatment: _____
7. Medication Consent			
Paracetamol Permission:	Yes	No	Comments: _____
8. Doctor			
GP Name:	_____	Phone:	_____
Address:	_____		
9. Non-Parent Emergency Contacts			
Emergency Contact #1			
Full Name:	_____	Phone:	_____
Alternative Phone:	_____	Address:	_____
Relationship:	_____		_____
Emergency Contact #2			
Full Name:	_____	Phone:	_____
Alternative Phone:	_____	Address:	_____
Relationship:	_____		_____
10. Parent/Caregiver			
Your Name:	_____	Phone:	_____
		Date:	_____