



## General Student Health Details Form

(to be completed before the start of school and emailed to  
**pws@pws.wa.edu.au** or returned to the school office)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_ M / F: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Parent's Names: 1) \_\_\_\_\_

2) \_\_\_\_\_

Parent Contacts: 1) (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

2) (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Emergency Contact Name and Phone Number (if parents are unable to be contacted):

\_\_\_\_\_

Family Doctor/Surgery: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ref no.: \_\_\_\_\_

If you answered '**Yes**' for any of the below, please provide our Front Office action plans and medication details provided by the child's doctor. Actions plans and medications need to be up-to-date.

Does, or has your child ever suffered from asthma? Yes / No

**If yes, please provide details below and relevant forms:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any Allergies?

Yes / No

**If yes, please provide details below (including symptoms usually shown and action to be taken) and relevant forms:**

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**Medication:** Please write details of any medicines being taken by your child including dosage and frequency. Please send correctly labelled medication (child's name and dosage) with your child and ensure it is handed to the front desk before the start of the term.

*It is the parent's responsibility to ensure that the medication is kept up to date. You will be notified by the school if it is finished or about to expire.*

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**EPI-PEN:** If your child needs or uses an epi-pen, please ensure that you get an

**Action Plan for Anaphylaxis Form** filled out by your doctor and you supply a pen for the school in case of emergency. All epi-pens need to be labelled (child's name and class) and handed into the school office.

*It is the parent's responsibility to ensure that the medication is kept up to date. You will be notified by the school if it is finished or about to expire.*

### **Medical Authorisation**

In the event of injury or illness, I hereby give permission for my child \_\_\_\_\_ to be given emergency First Aid treatment and if the child needs medical attention and I cannot be contacted, I give permission to the school to call an ambulance.

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

Signature: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_