



# MEDICAL INFORMATION

VET DELIVERED TO SCHOOL STUDENTS  
ATTENDING SOUTH WEST TAFE  
2021

*If a student has a medical condition, the South West Institute of TAFE supervising person needs to know.*

**School Attending:** ..... **Phone:** .....  
**Program Attending:** .....

**Student's name:** .....  
**Parent's name:** .....  
**Address:** .....  
**Phone No.** (Home).....(Work).....(Mobile).....

**Emergency Contact:**  
Name:.....Relationship:.....Phone:.....  
Please indicate any medical information, which should be known.....  
.....  
.....

**Is your child on any medication? YES / NO**  
If yes please give details:  
.....  
.....

**Please tick if your child suffers from any of the following:**

<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Fear of Heights	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Blackouts	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthma	<input type="checkbox"/> Migraines

**Allergies to:**  
Penicillin..... Any foods: .....  
Drugs: ..... Other: .....

**Name of Doctor:** (for emergencies) ..... **Phone:** .....

*In the event of illness or accident to my child, I will be notified as soon as possible but authorise the person in charge, where it is impracticable to communicate with me, to consent to my child receiving such medical treatment as deemed necessary by a legally qualified medical practitioner.*

*I agree to pay all fees and expenses incurred, including those for transportation and hospital accommodation.*

Parent / Guardian Signature:..... Date:.....

*This information will be held in accordance to the SWTAFE Privacy Policy, and will be destroyed at the end of each school year.*