

# St Carthage's Primary School

## Health Sheet



**Confidential**

Please complete **one form per child** to cover all sporting and other minor excursions, which your child will attend during 2020. Please return by **Tuesday 4th February 2020.**

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone No: (home) \_\_\_\_\_ (work/mobile) \_\_\_\_\_

Other contact (name) \_\_\_\_\_ Phone \_\_\_\_\_

Does your child wear glasses? YES/NO (please circle)

If YES, are they ALL THE TIME, FOR READING, CLOSE WORK or OTHER? (please circle)

OTHER \_\_\_\_\_

Is your child in the Ambulance Fund? YES/NO (please circle)

Is your child covered by a Private Health Fund? YES/NO (please circle)

Name of Fund \_\_\_\_\_ Membership No. \_\_\_\_\_

Medicare No. \_\_\_\_\_ Expiry date: \_\_\_\_\_

**Allergies:** Is there anything special which could cause anaphylaxis, asthma, rash, allergic reactions etc. include any drug or food reactions, e.g. penicillin, peanuts.

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**Illnesses:** Medical Condition e.g. anaphylaxis, travel sickness, bedwetting, sleep walking, asthma

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**Medication:** Does your child take any special course of tablets or medicine that we need to check each day? (**Please note:** We can administer prescribed medications only. Please complete a medication form and supply medication in the original container, labelled with child's name and dosage.)

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**Food:** Are there any food items, which your child is not allowed to eat (as distinct from not liking)?

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**Recent Tetanus injection** YES/NO Date \_\_\_\_\_

Any further information you think we should know.

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Signed \_\_\_\_\_ Date \_\_\_\_\_

**Both parents/guardians where applicable**