FORM 2: MEDICAL INFORMATION

2020



Privacy disclosure: This information is sought by the Parish of .North Pine

- This information is sought for the primary purpose of providing a safe environment for children with whom the Parish have contact.
- This information will be shared with only others significantly involved with child-related activities.
- You may seek access to this information if you wish.
- This information will be kept for a period of seven years.

Personal	Name				
Information of	Date of Birth				
child	Mobile phone				
	Home phone				
	Home address				
Information of	Name				
parent/s or	Telephone – home				
carer/s [if parents	Telephone – work				
separated, please	Mobile telephone				
include both]	Email address				
	Are there any	YES/NO	Details:		
	custody/access matters				
Medicare and	Medicare number				
health fund	Are you a member of a	YES / NO	S / NO [delete which does not apply]		
details	health fund				
	If so, name of fund				
Medical	Allergies	YES / NO			
information	Asthma	YES / NO			
[If 'yes', please	Seizures	YES / NO			
provide details]	Bedwetting	YES / NO			
	Has child ever been	YES / NO			
	given penicillin				
	Was there any adverse	YES / NO			
	reaction				
	Is your child currently	YES / NO			
	taking any medication				
	Are there any dietary	YES / NO			
	requirements				
	Are there any other	YES / NO		give details on page 2	
	matters we should be		eg Behavioura	l aspects and strategies	
	aware of				
Emergency	Emergency contact -				
contacts	Name				
	Telephone number				
	Family doctor - Name				
	Telephone number				
	Specialist - Name				
	Telephone number	<u> </u>			
Parent / Carer signature	Signature				
5.8.1444.6	Date				

Details for question: "Are there any other matters we should be aware of?"				
Please provide information and any strategies for our leaders to use to help keep children safe in their duty of care. We are also interested in information regarding any behavioural aspects that your child may have been diagnosed with.				