

# Section 3

## MEDICAL DISCLOSURE

Please complete one form per child being enrolled.

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

1. **Emergency Contact:** Name: \_\_\_\_\_

Ph (BH) \_\_\_\_\_ Ph (AH) \_\_\_\_\_

Relationship: \_\_\_\_\_

2. **Emergency Contact:** Name: \_\_\_\_\_

Ph (BH) \_\_\_\_\_ Ph (AH) \_\_\_\_\_

Relationship: \_\_\_\_\_

3. **Family Doctor:** \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

4. **Dentist:** \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

**If needed, my child (under direct supervision of the staff member) may be given:**

Cough Syrup

Panadol

Ventolin

Other \_\_\_\_\_

**My child is allergic to the following medications or ingredients:**

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**My child is presently on the following medication:**

please provide a history of the relevant medical condition with type and dosage of medication

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**Does your Child suffer from Asthma?**      **Y**    **N**

Please provide a copy of the Asthma Treatment Plan for any treatment required, a form is available at the school office.

**Does your Child suffer from allergies?**      **Y**    **N**

Please provide a copy of the Allergy Treatment Plan for any treatment required, a form is available at the school office.

**Is your child's immunization up to date?**      **Y**    **N**

Please provide a copy of the immunization record.

**Are there are any physical impairments or special instructions for your child?**    **Y**      **N**  
**please specify:** \_\_\_\_\_

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**NCCD Scheme**

Has funding ever been received for your child/children previously under the NCCD Scheme (the National Consistent Collection of Data)?      **Y**      **N**

**Additional information** (*e.g. copies of assessments concerning emotional or learning development, should be included with this application*):

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**Declaration:**

I, \_\_\_\_\_, hereby declare that the above medical information is true and correct and complete.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_