



# TSA INDEPENDENT SCHOOL MEDICAL INFORMATION FORM

## PERSONAL DETAILS

Student Name:

Student's Centrelink Reference Number (CRN):

Student Address:

Phone Number: (H):

Date of Birth:  Age:

## MEDICARE/HEALTHCARE CARD NUMBER & DOCTORS DETAILS

Medicare/Healthcare Card Number:

Doctor's Name:

Doctor's Phone Number:

## EMERGENCY CONTACT 1

Name:

Relationship to Student:

Phone Number: (H):  (M):

## EMERGENCY CONTACT 2

Name:

Relationship to Student:

Phone Number: (H):  (M):

Condition/Injury/Allergy (Include food allergies)	Management of Condition/Injury/Allergy	Medications Required Medical Request Form Required?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**This form to be completed by student or Parent/Guardian.**

**Name of Signatory:**

In the event of an emergency, I authorise TSA staff to contact ambulance/hospital/doctors as deemed necessary.

Signed:  Date: