



TSA Independent Schools
YOS Lawnton (Riverview)

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?
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of Signatory:

I have listed all relevant condition/injury/allergies and medications. In the event of an emergency, I authorise TSA staff to contact ambulance/hospital/doctors as deemed necessary.

Signed: Date: