

Details and Medical Form

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First name :

Surname name :

Address :

City :

Post Code :

Date of Birth :

Year Level :

Parents email :

Childs email :

Emergency Contact Details

Contact Name:

Relationship to child :

Emergency Number :

Home Phone # :

Work Phone # :

Mobile # :

Childs Mobile # :

Privacy Statement :

The information provided on this form will be kept confidential within Rowville Baptist Church. It will only be used for the purpose of assisting in case of illness or accident. Information may also be sent to email addresses if provided.

Medical Information

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Doctors name: Phone:

Dentist name: Phone:

Medicare # :

Private Medical Provider :

Private Medical # :

Please Tick if your child suffers from any of the following :

Heart Condition :

Sleepwalking :

Blackouts :

Migraines :

Asthma :

Travel Sickness :

Other Medical Conditions :

If your child is presently taking medication, please state the name of the medication and the dosage :

Please Tick if your child is allergic to any of the following :

Penicillin :

Bee Stings :

Other Allergies :

Year of last Tetanus Immunization :

List any special needs :

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