



# PHYSICAL EDUCATION

Please complete this form and return it to your child's teacher by Friday, 10 February.

NOTE: Information contained in this section will not prevent your child from taking part in physical education, unless further medical advice warrants exclusion.

## THIS INFORMATION CAN PROTECT YOUR CHILD!

MEDICAL CONDITION		Special Instructions	Special Emergency Action
Epilepsy	YES/NO		
Periodic Loss of Consciousness	YES/NO		
Heart Condition	YES/NO		
Ear Disorder	YES/NO		
Respiratory Disorder	YES/NO		
Allergies (particularly nuts, insect bites and stings)	YES/NO		
Other Relevant Medical Information			

Sunscreen	YES/NO	I/We give permission for my/our child to apply the school supplied sunscreen for outdoor education lessons.	
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**STUDENT'S NAME:**.....**CLASS:**.....

I authorise the Teachers and Sport/PE Instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I submit the above medical information concerning the above student and include details of limitations which he/she has for the activities concerned.

Doctor's Name:.....Phone No:.....

Parent/Guardian Signature:.....Date:.....

➤ **PLEASE ONLY COMPLETE THE MEDIC ALERT ON THE REVERSE SIDE OF THIS FORM IF YOUR CHILD'S MEDICAL CONDITION MAY REQUIRE EMERGENCY ACTION AT SCHOOL. Thank You.**

# MEDIC ALERT

➤ **PLEASE ONLY COMPLETE THIS SECTION IF YOUR CHILD'S MEDICAL CONDITION MAY REQUIRE EMERGENCY ACTION AT SCHOOL. Thank You.**

STUDENT'S NAME: .....

CLASS IN 2017: (eg 4Red) .....

HOME ADDRESS: .....

.....

PHONE NUMBERS:

HOME: .....

PARENT WORK: .....

MOBILE:.....

PARENT WORK: .....

MOBILE:.....

EMERGENCY CONTACT PERSON WHEN PARENT NOT AVAILABLE:

NAME: .....

PH: WORK: .....

Ph: MOBILE:.....

PH: HOME: .....

Please attach a recent photo  
cut to size

Medical Problem:.....

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Maintenance Strategies:.....

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Emergency Symptoms: .....

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Action to be taken at school: .....

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(Please attach further pages if this space is insufficient).

I am happy for this information to be placed on display in sick bay at St Gregory's so that all staff members are aware of the necessary procedures in the event on an emergency.

SIGNED:..... (Parent/Carer) DATED: .....