



St Gregory's Primary School

PO Box 723, Queanbeyan NSW 2620
Email: office.stgregs@cg.catholic.edu.au



PHYSICAL EDUCATION

Please complete this form and return it to your child's teacher by Friday, 9 February, 2018.

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	Emergency Action
Epilepsy	YES/NO		
Periodic Loss of Consciousness	YES/NO		
Heart Condition	YES/NO		
Ear Disorder	YES/NO		
Respiratory Disorder/Asthma (If Yes please attach current asthma action plan)	YES/NO		
Allergies (particularly nuts, insect bites/stings)	YES/NO		
Other Relevant Medical Information	YES/NO		

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:.....DOB:.....

I authorise the Teachers and Sport/PE Instructors to obtain any medical assistance 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 2018: (eg 4Red)

HOME ADDRESS:

.....

PHONE NUMBERS:

PARENT WORK:

MOBILE:.....

PARENT WORK:

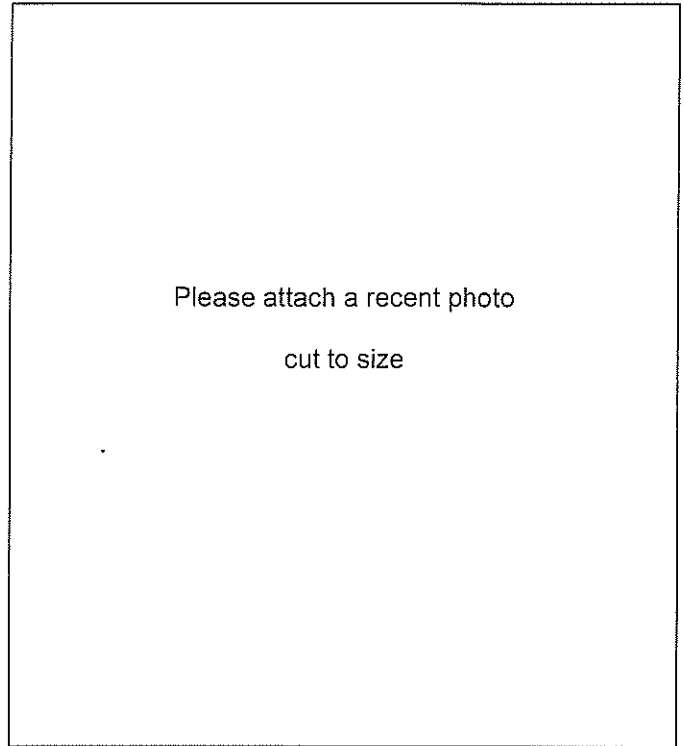
MOBILE:.....

EMERGENCY: (WHEN PARENT NOT AVAILABLE)

NAME:

PH: WORK:

Ph: MOBILE:.....



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

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