

Date: _____ New Enrolment: **Y / N** (circle) Last Updated (if applicable): _____

Student Name:		
Parent/Legal Guardians name(s):		
Home Address:		
Home phone:	Work phone:	Mobile number:
Emergency contact name & phone number:		
Student's Doctor's name & phone number:		
Student's Dentist's name & phone number:		

Please give details of any **physical** disabilities or **learning** or **behavioural** issues likely to prove detrimental to him/her or others at school or during Education Outside the Classroom (EOTC) trips.

Swimming proficiency: (please indicate)	Strong	Adequate	Weak
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Does the student suffer from any of these medical conditions:	Yes	No	If YES, give details: (medication/ dosage/ requirements/ other)
Allergies (food or drug)			
Arthritis			
Asthma			
Celiac (gluten intolerance)			
Depression			
Diabetes			
Epilepsy			
Hay Fever			
Hearing impairment			
Heart problems			
Lactose intolerance			
Travel Sickness			
Migraines			
Sleep Disorder			
Visual Impairment			

Bleeding Disorders			
Fit of any type			
Dizzy spells			
Any other recurring condition/s			

Does the student have a reaction to:	Yes	No	If YES, add details (Allergies? Reactions? Treatment):
Anesthetics			
Aspirin			
Bee Stings			
Codeine			
Certain Foods			
Insect Bites			
Nuts			
Panadol			
Paracetamol			
Ibuprofen			
Penicillin			
Sulfa			
Sunlight			
Other:			
Special food requirements: (for trips)			

Are Vaccinations current for:	Yes	No	Any comments
Influenza			
Hepatitis B			
Meningococcal B			
Measles Mumps & Rubella			
Polio			
TB			
Tetanus (date of last shot if known)			
Other:			

Parent/Legal Guardians signature: _____

Date: _____