



LJ WILD HOUSE
FAHS FEILDING HIGH SCHOOL

MEDICAL INFORMATION SHEET

Student's Name: _____

Parent or Legal Guardian Contact Details

1. Name: _____

Address: _____

Relationship: _____

Telephone: Home _____ Work _____ Mobile _____

Email: _____

2. Name: _____

Address: _____

Relationship: _____

Telephone: Home _____ Work _____ Mobile _____

Email: _____

Do you consent to your child being treated by a health provider (dentist / doctor) at the boarding hostel and at Matron's discretion?

YES / NO

Community Services Card

Issue Date: _____ Expiry Date: _____

Number: _____

Signed: _____ Date: _____

Student's Name: _____

Date of Birth: _____

He/she can be given:

Panadol YES / NO Ibuprofen YES / NO

Has he / she had:

Measles YES / NO Recurring Tonsillitis YES / NO

Mumps YES / NO Ear Infections YES / NO

Chicken Pox YES / NO Glandular Fever YES / NO

Whooping Cough YES / NO Appendicitis YES / NO

Does he / she have:

Epilepsy YES / NO Diabetes YES / NO

Hay Fever YES / NO Asthma YES / NO

Sight Problems YES / NO Bed Wetting YES / NO

Tourettes YES / NO Sleep Walk YES / NO

Mental Health Anxiety / Panic Attacks / Depression / Self-Harm (please circle)

Does he/she require support for:

Learning difficulties Dyslexia / Literacy / Numeracy / Reading

Classroom Behaviours ADHD / ADD / OCD

RTLB Services YES / NO

Long Term Medication: _____

Any Allergies (food / medication): _____

Any further health problems we should be aware of: _____

Particulars of Inoculations and Vaccinations:

Tetanus Date: _____ IPV Date: _____

Meningococcal: _____

Family Doctor:

Name: _____ Contact: _____

Family Dentist:

Name: _____ Contact: _____