

TAWHAI SCHOOL MEDICAL REGISTER



Student's Name:		Rm :
Family Doctor :		Dr Phone :
Emergency Contacts - other than caregivers. Please complete all three		
Name	Relationship to child	Phone

MEDICAL CONDITIONS: (include allergies, eg to sunblock)
 If your child suffers from asthma please complete the separate Asthma Plan. If your child has hearing or vision problems, please detail these.

TREATMENT:

IMMUNISATION AND BIRTH CERTIFICATE :
 Please bring a copy of your child's Immunisation and Birth Certificate. We require a copy of these prior to full enrolment.

Copied complete [office use only]

ADMINISTRATION OF MEDICATION:
 If your child requires any regular medication you will be required to complete a separate medical form available on request.

Sometimes it is necessary to give a child some pain relief when caregivers cannot be contacted. If you give permission for the child named above to be given one dose of paracetamol (120mg per 5ml) at the recommended dose for the relief of pain or fever, please sign here. Signature :



