



# St Cecilia's Catholic Primary School

## MEDICAL HISTORY REPORT FORM

### STUDENT INFORMATION

Student Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

### MOTHER OR FEMALE GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to enrolling child: Mother / Stepmother / Other \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work number: \_\_\_\_\_

### FATHER OR MALE GUARDIAN

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to enrolling child: Father / Stepfather / Other \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work number: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS (Local contacts other than Parent/Guardian)

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: Home/Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: Home/Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### CHILD'S MEDICAL HISTORY DETAILS

Medication/Condition: i.e. Allergic reaction to food or stings, vision/hearing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: Children with Allergic/Asthma reactions require a current Action Plan from the doctor each year.**

Parent / Guardian Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Faith Family Friendship*