



John Paul College
Unity | Christ | Learning



STUDENT MEDICAL PROFILE

Surname Given Name.....

Date of Birth Year level of entry

Emergency contact.....**Relationship** **Telephone**

Does Your Child Suffer From?

Conditions

Heart problems [] Yes [] No

Respiratory problems: Asthma/Other [] Yes [] No

Diabetes [] Yes [] No

Blood disorder [] Yes [] No

Epilepsy [] Yes [] No

Migraine [] Yes [] No

Phobias [] Yes [] No

Allergies [] Yes [] No

Attention Difficulty: ADD/ADHD [] Yes [] No

Aspergers Syndrome/ Autism [] Yes [] No

Dyslexia [] Yes [] No

Recent illnesses [] Yes [] No

Is Your Child on any Medication/Herbal Supplements?

Medications

Has your child received any assistance from or been in contact with:

Guidance Officer [] Yes [] No

Hearing/Vision Impaired Services [] Yes [] No

Counsellor [] Yes [] No

Speech Therapists [] Yes [] No

Psychologist/Psych. Analyst [] Yes [] No

Visual Services [] Yes [] No

Psychiatrist [] Yes [] No

Physically Handicapped Services [] Yes [] No

If you answered Yes to any question above, please give details:

Permission to administer Paracetamol (for fever, minor aches and pains) [] Yes [] No

John Paul College reserves the right to administer emergency care, or refer a student to a medical practitioner or hospital should the situation arise.

I declare that the information given above is complete and accurate.

Signature of Parent / Legal Guardian

Dated

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Dated

