



STUDENT MEDICAL PROFILE

Surname _____ Given Name _____

Date of Birth _____ Year level of entry _____

Emergency contact _____ Relationship _____ Telephone _____

Please indicate below if your child has experienced any of the following conditions?

Is Your Child on any Medication/Herbal Supplements?

Conditions

Medications

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 or ADHD Yes No

Aspergers Syndrome/ Autism Yes No

Dyslexia Yes No

Recent illnesses Yes No

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

Counsellor Yes No Hearing/Vision Impaired Services Yes No

Psychologist/Psych. Analyst Yes No Speech Therapists Yes No

Psychiatrist Yes No Visual Services Yes No

Anger Management Yes No Physically Handicapped Services Yes No

If you answered Yes to any question above, please provide all supporting medical documents, including medication.

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

In signing this agreement, the parents hereby authorise the Host family to consent to emergency medical, surgical or anaesthetic procedures, which may need to be administered to the student. 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. (Failure to provide full and frank disclosure on the child's profile and medical history may result in the College withdrawing any offer and enrolment at anytime.)

Signature of Parent / Legal Guardian _____

Dated _____

