



GIFTED AND TALENTED STUDENT HEALTH FORM FOR ACADEMIC APPLICANTS

PLEASE COMPLETE THIS FORM AND BRING TO ACADEMIC TESTING SESSION
ALONG WITH THE ACADEMIC SELECTIVE ENTRANCE TEST CONFIRMATION EMAIL.

IMPORTANT NOTE

The details listed on this health form can be of vital importance to the safety and well-being of your child. In an emergency it may be the only information that workshop/audition supervisors or medical professionals may have for the care or treatment of your child. Please take the time to personally fill in this form and include any and all information you believe to be relevant.

1) STUDENT DETAILS

STUDENT FAMILY NAME

GIVEN NAME/S

DATE OF BIRTH (DD/MM/YYYY)

GENDER (please tick) male female

HOME ADDRESS

Street:		
Suburb/Town:	Post Code:	

EMERGENCY CONTACT

(Title)	(Given Name)	(Family Name)
---------	--------------	---------------

TELEPHONE (HOME) (MOBILE)

RELATIONSHIP TO CHILD

2) MEDICAL DETAILS

Does, or has your child ever suffered from the following (please tick):

i) ASTHMA: yes ** no

** (If 'yes' individual asthma action and management equipment and medication such as peak flow meters, spacers and/or nebulisers prescribed by your family doctor must brought to the event.)

ii) ALLERGIES (including penicillin and other drug/food allergies):

Details of Allergies (include specific allergy and reaction):

Last allergic episode (please describe reaction and treatment):

iii) DIABETES: yes no

Last Diabetic episode:

Date:

Treatment:

iv) EPILEPSY: yes no

Last Epileptic episode:

Date:

Treatment:

v) OTHER: yes * no

* If 'yes', details of other:

Name of family doctor:

Doctor contact number:

3) MEDICAL AUTHORISATION

In the event of injury or illness, I hereby authorise the Gifted and Talented program testing supervisors to obtain any medical attention deemed appropriate, and I agree to accept responsibility for any cost incurred. To the best of my knowledge, my child is not suffering from any contagious disease that may endanger others.

Name of parent/caregiver:

Signature of parent/caregiver:

Date: