



# REDWOOD PARK SCHOOL STUDENT HEALTHCARE INFORMATION

- Please use BLOCK letters when filling out this form

Students Full Name:.....

Date of Birth: .....

Does the student have any medical condition or other healthcare concern? **Yes / No**  
If 'yes' give details below.

.....  
.....  
.....

Are you aware of any medical/healthcare emergency that could arise: **Yes / No**  
If 'yes' give details below.

Type of Emergency and how to recognise it: .....

Avoidance precautions: .....

Emergency treatment: .....

Does the student take any prescribed medication, including inhalers? **Yes / No**  
If 'yes' give details below.

Medication	Dose	When & How taken	Side Effects?

Is the student immunised against tetanus? (If in doubt, ask your doctor) **Yes / No**

Date of last tetanus booster? .....

If the student is covered by a private health/medical and/or ambulance fund, give details below:

Health Fund	Benefit Tables	Membership No.	Ambulance Fund No.

\*See footnote regarding confidentiality and essential nature of this information on 'Consent for Excursion/Camp' from. Please attach extra sheets if required.

