



RMB 264 Rubicon Road
 THORNTON VIC 3712
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VISITING TEACHER MEDICAL INFORMATION [CONFIDENTIAL]

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence.

First Name: _____ **Surname:** _____
School: _____ **D.O.B:** _____
Gender: _____ **Name & Address of Family Doctor:** _____
Medicare No: _____ **Medicare Card Expiry date:** _____
Private Health Insurance: Yes No (if yes, member number): _____
Ambulance Member: Yes No (if yes, member number): _____
Home Address: _____
Primary Emergency Contact: _____ **Relationship:** _____
Home Ph: _____ **Work Ph:** _____ **Mobile Ph:** _____
2nd Emergency Contact: _____ **Relationship:** _____ **Ph:** _____

✓	ITEM	DETAILS
	Diabetes	
	Dietary Requirements	
	Dizzy Spells/Blackouts	
	Epilepsy	
	Hay Fever	
	Heart Condition	
	Migraines	
	Sleepwalking	
	Travel Sickness	
	Previous Injuries	
	Physical Difficulties	
	Bed Wetter	
	Other	

Please tick the box on the left if you suffer from any of the following AND attach appropriate documentation:

	Anaphylaxis	If ticked, you MUST provide an action plan for Anaphylaxis
	Allergic Reactions	If ticked, you MUST provide an action plan for Allergic Reactions
	Asthma	If ticked, you MUST provide an action plan for Asthma

Action plans for Anaphylaxis, Allergic Reactions and Asthma can be found at <http://rubicon.vic.edu.au/forms/>

Signature: _____ **Date:** _____