



Rotary Residential College Inc.

Providing Quality Accommodation for Country High School Students

ABN 424 351 579 17

STUDENT HEALTH DETAILS

Please note it is a condition of entry that your child's immunisation be up-to-date. Failing to disclose any medical or mental health or behavioural issues that may impact staff and other students may result in the student's enrolment being withdrawn.

Has your child been immunised against:

Diphtheria	Yes/No	Whooping Cough	Yes/No	Tetanus	Yes/No
Measles	Yes/No	Mumps	Yes/No	Rubella	Yes/No
Polio	Yes/No	Hepatitis B	Yes/No		

When was your child last given a Tetanus immunisation Booster? _____

Do you give permission for your child to be given a Booster if necessary? Yes / No

Please indicate if your child has any of the following conditions or restrictions:-

- Allergies to Food or Drugs / Medication _____
- Asthma: Mild Severe
- Diabetes Yes / No
- Epilepsy Yes / No
- Bed Wetting or Sleep Walking Yes / No _____
- Recent Illness _____ Details: _____

Other (behavioural, mental, learning disabilities, etc): Please list

Medication: Please give details of medicines being taken by you child including dosage/frequency etc.

Is your child covered by?

(a) Which Health Fund? _____

(b) Ambulance Fund? _____

Medicare Number: _____ Exp. _____

Health Care Card: _____ Exp. _____

Each Student requires their own Medicare card to be able to see a Doctor and obtain prescriptions from a chemist. If student is 16 or over they are required to pay a consultation fee of approx \$60 at our local Doctor's surgery.

I give permission for my child to be given any medical attention felt appropriate by the Manager / Supervisor.

PARENT/GUARDIAN'S SIGNATURE: _____ DATED: _____

Title.	STUDENT HEALTH FORM		
Index No.	Last Reviewed	Next Review	Review Frequency
	June 2016	June 2017	Annual