

# Student Personal Information Update Form Confidential

(PLEASE DO NOT USE THIS FORM TO ADVISE CHANGE OF ADDRESS DETAILS)



## A. Student Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Year level: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Mother's Work: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_  
Father's Work: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_

### Additional Emergency Contacts:

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## B. Medical Details

Asthma Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Diabetes Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Haemophilia Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Epilepsy Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Heart Problems Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Blood Pressure Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Migraines Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Dyslexia Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 ADD or ADHD Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Allergies Food: \_\_\_\_\_  
Is an EpiPen required? YES / NO Drug: \_\_\_\_\_  
 Hearing Loss  Left Ear  Right Ear  Partial  Profound  
 Visual Impairment  Glasses Prescribed  Reading  General  
 Back/Bone/Joint Problems: \_\_\_\_\_  
 Recent Operations/Illness: \_\_\_\_\_  
 Special Dietary Requirements: \_\_\_\_\_  
 Other Details: \_\_\_\_\_

**Any additional information, which may affect your child's learning ability or participation in physical education and sporting activities:** \_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Doctor's Address:** \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_ **Position on card:** \_\_\_\_\_

**Date of Last Tetanus:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Private Medical Insurer** \_\_\_\_\_ **Membership Number:** \_\_\_\_\_

**Permission to call ambulance if required**  Yes  No

Government regulations prohibit the administering of the following medications: Pharmacy Medicine or Caution S2; Pharmacists Only Medicine or Caution S3; Prescription only Medicine or Caution S4; Analgesics – Panadol, Panadeine, Paracetamol, Aspirin, Disprin, Codral Products; Eye Treatments – Albalon, Anstifine-Privine, Visine or Murine; Burn Creams – Mediderm, Derm-Aid, Medi-Crème, Silvasine; Cold and Flu – Benadryl, Codral, Demazin, Difflam, Duro-Tuss, Orthoxocol, Sudafed; Other products – Ventolin, Brondecon, Mercurochrome, Bis Pectin

**Does the student identify with any of the following?**

Bed Wetting \_\_\_\_\_  Sleep walking \_\_\_\_\_

Travel sickness \_\_\_\_\_

Swimming ability?  Strong – 50 metres unaided  Average – 25 metres unaided  Poor - 10 metres unaided  Non swimmer

**Any other relevant information we need to be aware of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_