

### EMERGENCY MEDICAL INFORMATION 2023

Student Surname:			Given Name:		
Date of Birth:		Out of Home Care:	Y / N	Respite	Y / N
Residential Address:					
Guardian/Parent Name:			Phone No:		
Email:					
Guardian/Parent Name:			Phone No:		
Email:					
OOHC Case worker:			Phone No:		
Email:					
Respite Agency Name:			Phone No:		
Contact Person:			Phone No:		
Respite Address:					
Emergency Contact 1:			Phone No:		
Relationship					
Emergency Contact 2:			Phone No:		
Relationship					
Doctor:			Phone No:		
Student Medicare No:			Contact Permission:	Y / N	
Medical Diagnoses:					
How does your child communicate:					
Allergies:					
Medication to be administered <u>at school</u> : <small>(Complete required paperwork)</small>	Y / N Name:		Medication administered <u>at home</u> : <small>(List on separate page if required)</small>	Y / N Name:	
Health Care Plan	Y / N	Allergy/Anaphylaxis Plan	Y / N	Feeding Plan	Y / N
Additional Information:					
Guardian/Parent Name Signature			Date		