



Newcastle Senior School

Student Information

Emergency Medical Information 2021

Students Surname:		Given Names:	
Dob:		Home Phone no:	
Home Address:			
Email Address:			
Guardian Name:			
Phone no:			
Parent/carer contact name			
phone:			
Emergency Contacts Name			
Phone:			
Doctors name:			
Phone:			
Permission to contact Dr.			
Student Record No:		Medical Record No:	
Medical Diagnoses:			
How does your child communicate:			
Allergies:		Childs Weight:	
Allergy plan supplied: Yes / No			
Medication supplied at school: Yes / No			
Medical Plan: yes / no			
Tube feeding plan: yes / no			
Additional Information:			
Parent/Carer to sign _____ Date _____			
Teacher to sign _____ SLSO _____			
Principal _____			