

**NSW DEPARTMENT OF EDUCATION AND TRAINING**  
**THE ARTS UNIT**  
**MEDICAL INFORMATION FORM**

**Student Name:** \_\_\_\_\_ **School Year** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

The information provided below gives relevant medical and other health-care information about the above student, who is currently enrolled to participate in rehearsals and performances for the Millennium Marching Band

It will be used by officers of the Department of Education and Training to assist planning, to support students, and to minimise risks when conducting rehearsals, performances or other activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with The Arts Unit or are otherwise involved in the planning or delivery of the rehearsals, performances or other activities; and persons who may be called upon to provide health care treatment or other assistance during or as a consequence of such rehearsals, performances or activities.

Provision of this information is not required by law, but, a failure to provide the information may mean that your child cannot participate in all activities.

Provision of this information will significantly assist The Arts Unit in planning a safer environment for rehearsals and performances. It will be stored securely and used in the fulfilment of our appropriate duty of care for your child. If you have any concerns about providing this information, please contact the Coordinator to discuss this further. We respect the fact that some information may be personally sensitive for the individual child.

Please correct or update any personal information provided as appropriate by contacting The Arts Unit on (02) 8512 1162.

**Medicare number** (optional): \_\_\_\_\_

**Parent / Guardian contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Doctor contact details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Emergency contact(s) details (nominated by the parent/guardian as alternate contact)**

1) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

2) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each. Attach additional sheet if required.**

Condition	Current Treatment

**Outline special dietary needs:**

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

**Possible reaction to inappropriate diet:**

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

**Medication(s) to be administered during these activities. Include name of medication, instructions for administration, time of administration, and any possible reactions**

Medication Name	Form (tablet etc)	Dosage, time, methods	Possible Reactions

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**RESPONSE DUE BY FRIDAY 30 JANUARY 2009**