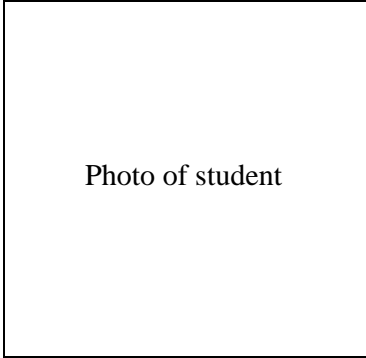




# Samuel Gilbert Public School



## INDIVIDUAL HEALTH CARE PLAN

Photo of student

STUDENT: \_\_\_\_\_ CLASS: \_\_\_\_\_

ERN:		
Medicare Number:		
DOB:		
Health condition(s) including allergies:		
Medication(s) at school:		
Parent/Carer contact	<b><u>Parent/Carer Information (1)</u></b>	<b><u>Parent/Carer Information (2)</u></b>
	Surname: ..... First name: ..... Relationship: ..... Address: ..... Home phone: ..... Work phone: ..... Mobile phone: .....	Surname: ..... First name: ..... Relationship: ..... Address: ..... Home phone: ..... Work phone: ..... Mobile phone: .....
Other contact if Parent / Carer unavailable	Surname: ..... First name: ..... Relationship to child: ..... Address: ..... Home phone: ..... Mobile phone: .....	
Medical Practitioner/ Doctor contact	Name: ..... Address: ..... Phone: ..... Mobile (if known): ..... Fax (if known): ..... Email (if known): .....	
	<input type="checkbox"/> An authorisation to contact the Medical Practitioner	



# *Samuel Gilbert Public School*

**STUDENT:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_

Details of Health Conditions:	
Warning Symptoms:	
Activities To Avoid:	
Daily Management:	
Response to Emergency:	

**DOCTOR'S NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_