**STUDENT PERSONAL DETAILS AND MEDICAL FORM**

*(only required if there are updates to be made to your CGEN 2023 information)*

SURNAME: GIVEN NAMES:

ADDRESS: POST CODE:

HOME TELEPHONE: STUDENT MOBILE PHONE:

STUDENT EMAIL:

STUDENT DATE OF BIRTH: GENDER:

STUDENT MEDICARE NUMBER: RELIGION:

DOES THE STUDENT IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER? YES/NO

EMERGENCY CONTACT

NAME(s) OF PARENT(s)/GUARDIAN(s):

WORK TELEPHONE: MOBILE:

PARENT/GUARDIAN EMAIL:

OTHER EMERGENCY CONTACT

NAME: CONTACT PHONE:

RELATIONSHIP TO STUDENT:

MEDICAL INFORMATION – circle either YES or NO (if YES give full details of how to manage)

Tetanus booster in the last 12 months YES/NO

Asthma YES/NO

Other respiratory problems YES/NO

Allergies YES/NO

Diabetes YES/NO

Recent operation, illness or injury YES/NO

Epilepsy YES/NO

Heart problems YES/NO

High or low blood pressure YES/NO

Other – please list  YES/NO

Regular medication details if any (including paracetamol & ibuprofen):

Does the student need supervision with medication: YES/NO (if YES please give full details):

Does the student have any special requirements (such as dietary, physical access or hearing loops)? Please detail:

I authorise *DoE* administrators and/or the Programs and Events Officers to obtain medical attention for my child in the event of illness or injury. I agree to pay any medical fees as well as any other expenses arising out of any provision of medical attention. I acknowledge that the Department of Education does not have Personal Accident Insurance cover for students.

PARENT/GUARDIAN SIGNATURE: ………………………………………………. DATE: ……/…../……

**This form must be signed and returned via email to** [**creativegeneration.artshub@qed.qld.gov.au**](mailto:creativegeneration.artshub@qed.qld.gov.au)**.**