



**STUDENT PERSONAL DETAILS AND MEDICAL FORM**

SURNAME:..... GIVEN NAMES:.....

ADDRESS:..... POST CODE:.....

HOME TELEPHONE:..... STUDENT MOBILE PHONE:.....

STUDENT EMAIL:..... GENDER:.....

STUDENT DATE OF BIRTH:..... PRONOUNS:.....

STUDENT MEDICARE NUMBER:..... RELIGION:.....

IS THE STUDENT A FIRST NATIONS PERSON? 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:

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I authorise *Creative Generation – State Schools Onstage* 2025 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 and the Arts does not have Personal Accident Insurance cover for students.

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

This form must be signed, scanned and returned to the CGEN team upon nominating for the program.