**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:

I authorise *Creative Generation – State Schools Onstage* 2024administrators 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, scanned and returned to the CGEN team upon nominating for the program.