

65 Woodsome Street, Mount Lawley WA 6050

GENERAL & SENIOR SCHOOL (YR10-12) ENQUIRIES
PHONE: 9471 0300 FACSIMILE: 9271 1126

MIDDLE SCHOOL (YR 8-9) ENQUIRIES
PHONE: 9471 0350 FACSIMILE: 9471 0338

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MOUNT LAWLEY SENIOR HIGH SCHOOL

Student Health Form

Name	Gender	Date of Birth	Form
Address	Full name of Parent/Guardian & relationship to child		
Phone (day)	Phone (night)		
Phone (mobile)	Email contact (Parent/Guardian)		
Name & contact phone of family doctor	Parents & Guardians are requested to make arrangements with the teacher-in-charge for the safe-keeping and handling of prescribed medications prior to the excursion/camp. Is your child presently taking tablets and/or other forms of prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicare Number _____	Does your child self-administer the medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", state the name of medication, dosage and frequency of use:		
Private Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Details: Do you have ambulance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a current Health Care Authorisation Plan at school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child been a patient in a hospital outside WA in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details:	Are there any conditions, which require special attention we should know about? Eg. Hearing or sight impairment, ADD or ADHD, behaviour issues, etc. Please list below.		
Can your child swim? <input type="checkbox"/> Yes <input type="checkbox"/> No Please rate (circle) their competency: - very weak - weak - competent - very competent -	Please provide other information about your child, which will enable the organisers of the excursion/camp to provide better care for your child.		
Is your child subject to fainting, epilepsy, diabetes or any other condition that may affect their safety on camp? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details:	What is the year of your child's last tetanus injection?		
* Please note, that with non-prescription medicines (eg. Panadol), it is our policy not to provide such medication. Staff will control and supervise the administration of these medications at your request, but only if listed on this form.	Is your child allergic to any of the following (please give details): Penicillin Other drugs Any food Other		
	Signature of Parent/Guardian		Date
Name of Parent/Guardian			

The information which you provide should not prejudice your child's application. We need to know some information about your child - it will help us to better carry out our responsibility of care. Please include all relevant details, particularly those which may impact on the activities of the camp and return it ASAP. Thank you for your cooperation.



Department of Education and Training
Government of Western Australia