

Medical Declaration and Information Form

Instructions

CHARLTON BROWN.

This form must be completed by the parent/ guardian of each HSP student prior to the commencement of the program. This form requests general medical information to ensure that Charlton Brown staff are aware of how to best care for each student. Parents/ guardians must inform Charlton Brown immediately if there are any changes regarding any details requested within this form.

Personal Details

Student Name			
Date of Birth	___ / ___ / ____	Gender	

Parent/ Guardian Name			
Phone Number			
Emergency Contact Name		Phone Number	

Medical Information – Part A (if applicable)

Condition 1	Condition 2	Condition 3
Date of Onset (if known)	Date of Onset (if known)	Date of Onset (if known)
___ / ___ / ____	___ / ___ / ____	___ / ___ / ____
Current Symptoms	Current Symptoms	Current Symptoms
Treatment	Treatment	Treatment

Medical Information – Part B

Please tick if your child suffers any of the following:			
<input type="checkbox"/> Allergies	<input type="checkbox"/> Fainting	<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Sight/ hearing issue
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Reactions
<input type="checkbox"/> Eczema	<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Headaches	
<input type="checkbox"/> Other (please specify)			

Other Medical Conditions – please provide any other medical concerns that the form has not accounted for.

Additional Notes

Signature

I _____ acknowledge that the information I have provided on behalf of my child is honest and provides an accurate depiction of my child’s health status. Please sign below:

Signature: _____ Date: ___ / ___ / _____

It is extremely important at Charlton Brown that we cater to the needs of our students, therefore it is essential that this form has been carefully read and completed with honesty. The information collected will be stored safely and securely and will only be made available to relevant staff when necessary and to medical or paramedical staff in the case of an accident or emergency. If you have any questions or concerns about the contents of this form do not hesitate to contact us.