



THE KOORALBYN INTERNATIONAL SCHOOL

Ogilvie Place, Kooralbyn, QLD 4285, Australia
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Email :: **admissions@tkis.qld.edu.au**



MEDICAL INFORMATION ADVICE & CONSENT FORM

OFFICE USE ONLY

STUDENT ID ::

CLIENT ID ::

FORM A2

See also
APPLICATION FOR ENROLMENT OF A NEW STUDENT (FORM A1)
APPLICATION FOR BOARDING (FORM B1)
BOARDING - DIETARY & OTHER NEEDS (FORM B2)
APPLICATION FOR MASTERY PROGRAMS (FORM M1)

NOTE :: If you have not already submitted a FORM A1 (Application for Enrolment of a New Student) please complete and attach FORM A1 together with this application.

Student Name:

Date Of Birth:/...../.....

IN CASE OF EMERGENCY IF PARENT CANNOT BE CONTACTED

PLEASE NOTIFY _____ (NAME)

RELATIONSHIP TO STUDENT _____ PHONE DURING BUS. HOURS _____

PLEASE INDICATE IF THIS STUDENT HAS HAD OR SUFFERS FROM ANY OF THE FOLLOWING:

Rubella <input type="checkbox"/> NO <input type="checkbox"/> YES	Chicken Pox <input type="checkbox"/> NO <input type="checkbox"/> YES	Hepatitis <input type="checkbox"/> NO <input type="checkbox"/> YES	Mumps <input type="checkbox"/> NO <input type="checkbox"/> YES	Glandular Fever <input type="checkbox"/> NO <input type="checkbox"/> YES	Measles <input type="checkbox"/> NO <input type="checkbox"/> YES
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ALLERGIES:

Penicillin	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, REACTION
Sulphur	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, REACTION
Drugs	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, WHICH?
Foods	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, WHICH?
Other	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, WHICH?

DOES THIS STUDENT SUFFER FROM...

Hayfever	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, TREATMENT
Asthma	<input type="checkbox"/> NO <input type="checkbox"/> YES	If YES, TREATMENT

HAS THIS STUDENT HAD THE TRIPLE ANTIGEN (Diphtheria/Tetanus/Whooping Cough) IMMUNISATION?

NO YES

WHEN WAS THIS STUDENT'S LAST VACCINATION OR BOOSTER FOR?

Tetanus	Date :/...../.....	Measles/Mumps	Date :/...../.....
Oral Polio (SABIN)	Date :/...../.....	Hepatitis B	Date :/...../.....
Rubella	Date :/...../.....	Meningococcal C	Date :/...../.....

HAS THIS STUDENT HAD ANY SERIOUS OR RECENT OPERATIONS?

NO

YES



HAS THIS STUDENT HAD ANY SERIOUS ILLNESSES OR INJURIES?

NO

YES



DOES THIS STUDENT SUFFER ANY SKIN PROBLEMS?

NO

YES



DOES THIS STUDENT HAVE EPILEPSY?

NO

YES



DOES THIS STUDENT SUFFER ANY OTHER HEALTH PROBLEMS?

NO

YES



IS THIS STUDENT ON ANY REGULAR MEDICATION?

NO

YES



IN THE EVENT OF AN EMERGENCY WHEN THE PARENT/GUARDIAN CANNOT BE CONTACTED I GIVE PERMISSION FOR THIS STUDENT TO BE GIVEN AN ANAESTHETIC

NO YES

IN THE EVENT OF AN EMERGENCY WHEN THE PARENT/GUARDIAN CANNOT BE CONTACTED I GIVE PERMISSION FOR THIS STUDENT TO BE GIVEN A BLOOD TRANSFUSION

NO YES

I HEREBY AUTHORISE THE SCHOOL TO OBTAIN ANY MEDICAL OR ASSOCIATED ASSISTANCE WHICH IS DEEMED NECESSARY SHOULD ANY MEDICAL CONDITION OR ACCIDENT OCCUR.

NO YES

I/We declare the above information to be true to the best of my/our knowledge and that I/We are the legal parent/carer of the Student whose name and date of birth appear on the reverse of this form.

Signature of parents/carers/guardians : Date ;/...../.....

..... Date ;/...../.....

Please return this form with FORM A1 (if not already submitted) to :

The Kooralbyn International School (TKIS)
Ogilvie Place, Kooralbyn QLD 4285
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