

Medical Information Form

INFORMATION FOR EMERGENCY USE ONLY

Name of child or young person	
Person to contact in an emergency	
Telephone No of emergency contact	
Name of Family Doctor	
Doctor's Address	
Doctor's Contact No	
Medicare number	
List any medical conditions your child suffers from	
List any allergies your child suffers from	
Medications to be administered in an emergency (<i>including any specific directions for administering the medication</i>)	

Parent / Guardian signature: _____ Date: _____