**Authentic Learning Placement Medical Form**

**To be completed by a parent/ caregiver or supervisor**

Student name: ………………………………………………………………

Student ID: ………………………………………………………………….

Emergency contact ……………………………………………………….

Phone: ………………………………………………………………………

1. Does the student take any form of regular medication?

YES/NO

If YES, explain what type and what for ……………………………………………

………………………………………………………………………………………….

Is there any past or present medical condition/s that we should know about?

YES/NO

If YES, explain what type…………………………………………………………….

……………………………………………………………………….………………….

(This could include allergies, asthma, recent illness, etc)

In the event of an emergency, do you give permission for the person in charge to take any action required to ensure the safety and care of the student?

YES/NO

If NO, explain what you require to happen: ………………………………………..

………………………………………………………………………………………….

The name of the medical practice normally attended by the student is:

Medical centre: ……………………………………………………………………….

Doctors name: ………………………………………………………………………..

Phone: …………………………………………………………………………………

I agree that information on this form can be made available to the school, workplace mentor and any other person with responsibility for the student.

Signed: ……………………………………………. (parent/caregiver/supervisor)

Date: …………….