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AIM HIGH
CHURCHLANDS
SENIOR HIGH SCHOOL
An Independent Public School

STUDENT HEALTH FORM

STRICTLY CONFIDENTIAL

This information is required for each student participating in Workplace Learning. It will assist the school and Workplace Learning coordinator in the preparation and planning of the work placement.

Student Details

Student Full Name: **Date of Birth:**

Parent/Guardian Name:

Mobile:

Parent/ Guardian Email address:

Medical Details

Health Conditions

Is your child subject to seizures, fainting, epilepsy, diabetes, or any other condition that may affect safety during the workplace learning placement? **Yes** ☐ **No** ☐
If "Yes," please provide details:

Allergies

Is your child allergic to any of the following? (Please tick) **Penicillin** ☐ **Other Drugs** ☐ **Food** ☐ **Other** ☐ **N/A** ☐
If "Yes," please provide details:

Medication

Parents/guardians are requested to make arrangements with the workplace learning coordinator for safekeeping and handling of prescribed medications, prior to the workplace learning placement.

Is your child currently taking prescribed medication? **Yes** ☐ **No** ☐

Does your child self-administer the medication? **Yes** ☐ **No** ☐
If "yes", state name of medication, dosage and frequency of use:

Additional information

Please provide any other relevant information to assist the Coordinator in ensuring the safety and care of your child:

Parental Consent

I give permission for the disclosure of any health-related issues that may impact the workplace learning placement organised for

Parent/Guardian Signature: _____ **Date:** _____