

# Medical Record

\_\_\_\_\_ Grade \_\_\_\_\_ Group \_\_\_\_\_

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Doctor  ph.

Dentist  ph.

Permission to act?    Dental clinic?    Authority for local trips?

Blood Group     Glasses/ contact lenses

Medicare no.     Health Cover

Conditions	Controlled?	Method	Emergency treatment

Illnesses	Year	Vaccinations	Year

Allergies	Controlled?	Method	Emergency treatment

Medication	Purpose	Quantity	When taken

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