



Personal Information and Contact Details

Student's Information:

Student's Full Name:	
Date of Birth:	Students LUI Number:
School/College:	
Student Contact Number:	Student USI Number:
Home Address:	
Student's Year Level in 2022:	

Parental and Emergency Contact Information:

Parent/Guardian Name 1:
Emergency Contact Numbers Home/ Work: Mobile:
Parent/Guardian Name 2:
Emergency Contact Numbers Home/ Work: Mobile:

Another Emergency Contact (if both Guardians are unavailable):
Emergency Contact Numbers: Home or Work: Mobile:

Is there any relevant Family History (non-medical) that WesTEC Staff need to be aware of during the conduct of course activities?

<i>I hereby give consent for the appointed WesTEC Staff to contact these numbers for the purpose of communicating relevant information and in case of emergency.</i>	
<i>Parent signature:</i>	<i>Date:</i>

Medical Details and Consent

Student Name:	Date of Birth:
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Do you suffer from asthma? <i>If Yes, please list medication and dosage</i>	Yes	No
Do you have any Allergies? <i>If Yes, please list full details, including medication/ dosage</i>	Yes	No
Are you currently being treated by a medical practitioner? <i>If Yes, please list details and any current medications and Dosage. NOTE: Please list any current medication</i>	Yes	No

Medicare Card Number:	
Cardholder Name (if not in name of student):	
Private Health Insurance Company Name & Membership Number (if applicable):	

Please list any other relevant medical history:
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<i>Medical Authorisation</i>	
<ul style="list-style-type: none">• I acknowledge that WesTEC Trade Training Centre (as an operational unit of the Queensland Government, Department of Education and Training) does not have personal accident insurance cover for students and as such, will not accept financial liability for any Medical, Hospital or Dental expenses if they should arise.• I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness and guarantee to meet any costs incurred.• I authorise the administering of anaesthetic if this is deemed necessary by the Medical Officer attending.	
<i>Parent Signature:</i>	<i>Date:</i>