

GOROKA GRAMMAR SCHOOL

Aude Aliquid Dignum – Dare to Do Something Worthwhile

Section 7, Allotment 17, Garden Street, Goroka, Eastern Highlands Province, Papua New Guinea

STUDENT MEDICAL & EMERGENCY INFORMATION FORM (2026)

Purpose: This form collects important medical and emergency contact details to ensure your child's safety and well-being while attending Goroka Grammar School. Please complete all sections clearly and accurately. The information will be treated confidentially and kept on file with the School Nurse and Administration Office.

A. PERSONAL INFORMATION

| | |
|---|---------------------------------------|
| Student Full Name: | |
| Grade / Class: | Date of Birth: |
| Gender: | Address: |
| Parent/Guardian Name(s): | |
| Contact Numbers: | Home: Mobile: Work: |
| Emergency Contact (if different from parent): | |
| Relationship to Student: | Phone Number: |

B. MEDICAL INFORMATION

| | |
|---|--|
| Doctor/Clinic Name: | Phone: |
| Preferred Hospital/Clinic: | |
| Medical Insurance Provider & Number (if any): | |
| Existing Medical Conditions: | |
| Allergies: | |
| Current Medications: | |
| Immunisation Status: | <input type="checkbox"/> Up to date <input type="checkbox"/> Unknown <input type="checkbox"/> Not up to date |
| Physical Restrictions / Disabilities: | |
| Other Important Health Information: | |

C. CONSENT & PERMISSIONS

I, the undersigned parent/guardian, give consent for Goroka Grammar School staff to take all reasonable steps to ensure the health and safety of my child in the event of illness or injury.

I authorise the following:

- ☐ Administration of first aid treatment by trained school staff.
- ☐ Medical or hospital treatment as deemed necessary in an emergency.
- ☐ Use of an ambulance should the situation require it.
- ☐ Administration of prescribed or non-prescribed medication if needed and approved by the parent/guardian.

I understand that the school will make every effort to contact me or the emergency contact listed before taking further medical action, except where immediate treatment is required to prevent serious harm.

| | |
|---------------------------------------|-------|
| Parent/Guardian Name: | |
| Signature: | Date: |
| Contact Number (during school hours): | |

D. SCHOOL USE ONLY

| | |
|------------------------------|----------------|
| Received By (Admin/Nurse): | Date Received: |
| Reviewed By (if applicable): | |
| Follow-up / Notes: | |

Confidentiality Statement: This information will be stored securely and accessed only by authorised school personnel in accordance with Goroka Grammar School's Health & Safety and Privacy Policies.