



**Belconnen District  
Medical Information Form**

*This form is to be filled out by any school who is sending an athlete with additional needs (asthma, anaphylaxis, AWD, behavioral, ASD, etc) to an ACT Swimming, Cross Country or Track and Field Championship.*

*Please send this form to the teacher in charge of the relevant championship.*

<b>Student's Name</b>	
<b>Student's School</b>	
<b>Age Group</b>	
<b>Event/s</b>	
<b>School Contact Person</b>	
<b>School Contact Details</b>	
<b>Parent's Name/s</b>	
<b>Parent's Contact Details</b>	
<b>AWD Category</b>	

**WHAT ASSISTANCE WILL THIS CHILD REQUIRE?**

<input type="checkbox"/>	Toileting	<input type="checkbox"/>	Eating
<input type="checkbox"/>	Social interaction	<input type="checkbox"/>	Changing
<input type="checkbox"/>	Moving to the competition area	<input type="checkbox"/>	Communication

**PLEASE PROVIDE ANY OTHER INFORMATION**

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Will this form be accompanied by a medical form/action plan?      Yes      No

I have attached a risk assessment for this child attending this event.      Yes      No