



Narrogin Guardian Pharmacy  
PO BOX 105  
74 Federal Street  
Narrogin W.A 6312  
Phone: 9881 1006  
Fax: 9881 2116

### REQUEST FOR STUDENT ACCOUNT

**NAME OF ACCOUNT:**.....  
(PARENT OR GUARDIAN)

**ADDRESS:** .....

**EMAIL ADDRESS:**.....

**PHONE NUMBER:** .....**MOBILE NUMBER:**.....

**NAME OF STUDENT:** .....

**DATE OF BIRTH:** .....

**RESTRICTIONS (IF ANY) e.g. MEDICAL ONLY:** .....

**ALLERGIES:** .....

**PHARMACEUTICAL CONCESSION CARD NUMBER:** .....

**EXPIRY DATE:** .....

**MEDICARE CARD FAMILY NUMBER:** .....

**REFERENCE NUMBER:** .....

(SINGLE NUMBER LOCATED NEXT TO CHILD'S NAME)

**EXPIRY DATE:** .....

**SIGNATURE:** .....

# NARROGIN AMCAL CHEMIST

PO BOX 217 NARROGIN 6312

Ph 9881 1963

Fax 9881 1466

E-mail narrogin@amcal.net.au

Application For 30-Day Account (Please use BLOCK LETTERS)

Student's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Guardian's Telephone \_\_\_\_\_ Student's Telephone \_\_\_\_\_

Guardian's E-mail \_\_\_\_\_

College Attending (Residential/Agricultural) \_\_\_\_\_

Student's Medicare Number \_\_\_\_\_ Prefix Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Student's Health Care Card/Pension Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Student's Private Health Cover (HBF etc) Number \_\_\_\_\_

Account Restrictions (eg medications only) \_\_\_\_\_

Student's DOB \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

**(TERMS OF ACCOUNT ARE STRICTLY 30 DAYS)**

Privacy and confidentiality are maintained at all times. Please note that your signature here-on is taken as permission to store your personal details on our files, only to be used as required by statutory laws in the course of our business. Thank you.

Pharmacy Use Only

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