



STUDENT MEDICAL DETAILS & HEALTH CONDITIONS

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies/other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.

Note: Where the words 'your child' are used, they should be taken as a reference to the student seeking enrolment.

Student's Name: _____ **Year:** _____

Student's Medicare Number:

Student's Medicare Card Ref No.:

Medicare Card valid to date: /

Doctor's Name / Medical Centre:

Doctor's address (e.g. 1 High Street, Sydney, NSW, 2000)

Doctor's phone number (work)

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.

Allergy / medical condition	Doctor's name	Address	Telephone

If your child has a documented plan to support any health or medical needs from a previous school or organisation (e.g. preschool, occasional care, etc) please provide it to the school as an attachment to this form.

ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (E.G. NUTS, EGGS OR PEANUTS) OR OTHER.

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked 'Section H'.

For any additional allergies your child has, please answer each of the 11 questions (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked 'Section H') to the back of this form.

Allergy to:

1. Has a doctor diagnosed this allergy? Yes No

2. Is there a severe allergy (anaphylaxis)? Yes No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? Yes No

4. If yes, which hospital?

5. Does your child have an ASCIA Action Plan for Anaphylaxis? Yes No

6. If yes, is this plan attached? Yes No

7. Has your child been prescribed an adrenaline autoinjector (i.e. EpiPen® / Anapen®)? Yes No

If you child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).

Each time your child is prescribed a new adrenaline autoinjector, the doctor should issue an update ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.

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8. What is the expiry date of the adrenaline autoinjector that will be provided to the school? /

If not known at the time of completing this form, the school will require this information upon enrolment.

9. Does your child have an ASCIA Action Plan for Allergic Reactions? Yes No

10. If yes, is this plan attached? Yes No

It is important that a copy of any updated plan is provided to the school.

11. Please list any other medication prescribed for this allergy.

The school will require further details in relation to prescribed medication upon enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (E.G. ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition, or insufficient space, please attach additional pages and include answers to all 7 questions that follow).

Medical condition

1. Has a doctor diagnosed this condition? Yes No

2. Has your child been hospitalised with this condition? Yes No

3. If yes, which hospital?

4. Does your child have a documented plan from a doctor (e.g. Asthma Action Plan)? Yes No

5. If yes, is this plan attached? Yes No

6. Is your child taking prescribed medication for this condition? Yes No

7. If yes, what is the prescribed medication?

The school will require further details in relation to prescribed medication upon enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.

Signature of Parent / Carer

Print Name:

_____/2018
Date: