

2016 Student Medical Information

 2016 YEAR LEVEL

The following medical information is part of the enrolment process for the new school year.

IMPORTANT: Please complete ALL fields before returning this form to the general office.

→ **Supplementary documents eg. Anaphylaxis, Asthma, Allergies should be returned following consultation with your doctor. They are required before the first day of the new school year.**

Mount Waverley Secondary College has a duty of care to avoid harm from risks to injury that is reasonably foreseeable. We acknowledge early identification and intervention is critical, enabling the college to have clear plans and processes in place to support your child's health care needs.

In the event of an emergency, an ambulance will be called to attend to your child.

Important reminder: The Department of Education and Training does **NOT** provide insurance cover for accidental injury or accidental property damage or cover for ambulance for students. Parents/guardians are advised to check their own health and other private insurance and ambulance cover policies for the scope and type of coverage.

The following information will:

- be accessed only by the college nurses, relevant essential college staff and emergency medical personnel, if required
- remain strictly confidential

Student's Family Name

Student's First Name

Student Code for example: ABC0001

Date of Birth

Day:	Month:	Year
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Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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ALLERGIES

Is your child Anaphylactic or Allergic?

If YES please complete the appropriate Action Plan (attached) and return it to the general office. Please read the School Anaphylaxis Management Policy on the college website.

Anaphylactic?

- NO
- Yes

If YES, what is she/he anaphylactic/allergic to?

- Nuts
- Eggs
- Dairy
- Dust/pollens
- Grasses
- Bees
- Animal hair
- Medication
- Other: _____

ASTHMA

Does your child live with Asthma?

- NO
- YES

If YES please complete the attached **Asthma Management Plan** and return it to the general office.

OTHER Medical conditions

Does your child suffer from any of the following medical conditions?

- ADHD
- Anxiety
- Aspergers
- Autism ASD
- Blood disorders
- Cancer
- Cardiac conditions
- Depression
- Diabetes
- Disability/special needs
- Epilepsy
- Hayfever
- Mental health issues
- Migraines/headaches
- None
- Other: _____

MEDICATIONS

Panadol Permission

If your child is ill at school, do you give permission for one of our Registered Division 1 Nurses to administer paracetamol?

(Please note paracetamol can only be dispensed by a Division 1 Nurse)

- YES
- NO

Antihistamine tablet

If your child suffers from hayfever or allergy related symptoms, do you give permission for one of our Registered Division 1 Nurses to administer an antihistamine tablet?

- YES
- NO

PRESCRIBED/OTHER MEDICATION

If your child is on any prescribed or other medication, please list below, if the medication needs to be taken at school, please complete the **Permission to Administer Medication Form** (attached) and return to the general office.

CONTACTS AND OTHER INFORMATION



Parent A or Guardian A's name

Parent A or Guardian A's mobile number

Parent B or Guardian B's name

Parent B or Guardian B's mobile number

EMERGENCY contact name

This must NOT be a parent or guardian - this person will be contacted if parents/guardians cannot be contacted first.

Emergency contact's mobile number

Medicare Number

Please provide the 10 digits shown on your card. If you don't have a Medicare Card, please write the name of your health insurance provider:

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Centrelink Healthcare Card holder?

- YES
- NO

Ambulance cover?

- YES
- NO

HEADLICE

Do you give permission for your child to be checked for presence of head lice by trained staff?

- YES
- NO

OTHER

Is there anything else you can tell us that will help us care for the health and wellbeing of your child? i.e. does your child have any emotional or behavioural problems; or any recent surgery that may affect their ability to participate fully at school.

Parent/guardian's name:
Signature:
Date: