

# Student Medical Conditions

We welcome information from parents about your child's health, even if you are not requesting specific support from our school. Our school asks for medical information when you enrol your child. It is also important that you let us know if your child's health care needs change or if a new health condition develops.

Information about allergies, medical conditions such as asthma, anaphylaxis and diabetes and other health care related issues (including prior conditions such as medical procedures in the last 12 months) should be provided to the school by parents. Please provide this information in writing to the Principal. This will greatly assist our school in planning to support your child's health and wellbeing.

Please also remember to notify staff in the school office of any changes to your contact details or to the contact details of other people nominated as emergency contacts. It is important to understand that parents and emergency contacts are not listed in any priority order within the new software system; and as such the school cannot commit to ringing one person before another e.g. "ring mum first"

We appreciate your assistance in this regard and assure you that any information you provide the school with will be stored securely and will only be used or disclosed in order to support your son or daughter's health needs or as otherwise required by law.

Kate Moore  
Principal



**Alstonville Public School Medical Information Form**

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## Family details

All families are requested to fill in and return this form to the office (even if it is a nil return).

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Sex: Male  Female  Medicare number: \_\_\_\_\_  
Name of student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Doctors address: \_\_\_\_\_

## Contact details

Please list any changes to parent, caregiver and/or emergency contact detail below.

If no contact details have changed in the last twelve months please leave blank and go straight to the **medical conditions** section.

## Parent/Caregiver contact details

### Parent/Caregiver 1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

### Parent/Caregiver 2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

## Emergency contact details

### Emergency contact 1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

### Emergency contact 2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

# Medical Conditions

Does your child have any of the following health conditions (please tick):

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart condition      |
| <input type="checkbox"/> Anaphylaxis          | <input type="checkbox"/> Frequent nose bleeds |
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Hearing loss         |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Vision Impairment    |
| <input type="checkbox"/> Epilepsy or seizures | <input type="checkbox"/> Other                |

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note, if your child has asthma, anaphylaxis, allergies, diabetes or epilepsy an Emergency Treatment Plan, ASCIA Action Plan or Asthma Plan needs to be returned along with this form.

Is your child presently taking any medication? Yes  No   
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary needs: \_\_\_\_\_  
\_\_\_\_\_

Is there any other information, which you believe may help us provide the best possible care for your child while they are at school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tick this box if you would like the Principal or a member of the executive staff to telephone you to discuss your child's medical needs further.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_