FORM 1 – STUDENT HEALTH CARE SUMMARY

School: Year: Form: Teacher:
Student's Name: Date of Birth:
Address: Gender: Male/Female

FAMILY CONTACT DETAILS

Name:

Relationship to student:

Address:

Telephone: (W)
(H)
(M)

Name:

Relationship to student:

Address:

Telephone: (W)
(H)
(M)

MEDICAL DETAILS

Medical Practice:
Doctor 1: Telephone:
Doctor 2: Telephone:

I give permission for the school to seek medical attention for my child as required from the above medical centre. Yes ☐ No ☐

Do you have ambulance cover? Yes ☐ No ☐

If there is a medical emergency parents/carers are expected to meet the cost an ambulance.

List any essential information that could affect your child if an emergency occurred. E.g., allergy to penicillin

_____

Health care card: Yes ☐ No ☐

Medicare No. (If required – for children requiring regular emergency care):

SECTION A: INFORMED CONSENT

Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? **Yes** ☐ No ☐

Note: *If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program***.**

If no, and the information is to be restricted, who can be informed of your child's health care information?

_____

SECTION B: STUDENT HEALTH CARE INFORMATION

List your child's health condition(s):_____

Does your child have a health condition or need that ***requires support*** from school staff while he or she is in their care?

No ☐ - sign on reverse and return to the school office. If your child's requirements change, please notify the school immediately.
Yes ☐ - complete the remainder of this form and return to the school office. You will be given additional forms to complete.

SECTION C –IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITIONWHICH REQUIRES THE SUPPORT OF SCHOOL STAFF

(By your response to the information below, further specific health condition forms will be given to you to complete)

Health Conditions	Tick health condition	Will school staff require a specific type of training to support your child?
Severe Allergy/Anaphylaxis	☐	YES ☐ NO ☐
Minor & Moderate Allergies	☐	YES ☐ NO ☐
Diabetes	☐	YES ☐ NO ☐
Seizures	☐	YES ☐ NO ☐
Asthma	☐	YES ☐ NO ☐
Activities Of Daily Living	☐	YES ☐ NO ☐
Other Conditions or Needs (Please specify)		
	☐	YES ☐ NO ☐
	☐	YES ☐ NO ☐
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?		YES ☐ NO ☐ If yes, advise the Principal

If you have ticked "Yes" for specific staff training, please discuss the type of training with the Principal.

Name: **Date of Birth:** **School:**

SECTION D: CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's "medical details and photo" to be on view for staff. Yes ☐ No ☐

If yes, please attach to the relevant health care plan(s).

SECTION E: MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? Yes ☐ No ☐
If yes, provide details:_____

SECTION F: MEDICATION INFORMATION

If at any time your child requires short term medication to be given at school, please request an *Administration of Medication* form to complete and return to your principal or class teacher. The school requires written authorisation from you to administer any form of medication.

Signature:

Parent/Carer Signature: _____ Date: _____

Parent/Care Name: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS

Note: Where appropriate students should be encouraged to participate in their health care planning.

Office Use Only

Does the child have a allergy that needs to be flagged on SIS? Yes ☐ No ☐ Date:
Have relevant health care plans been issued to the parent? Yes ☐ No ☐ Date:

Has the Principal been informed if:

- specific training is required to support the student? Yes ☐ No ☐
- the student's health care information to be restricted? Yes ☐ No ☐

Date Student Health Care Summary was completed and uploaded on SIS: / /