



Form 1

Student Health Care Summary

Australind Senior High School

WA Independent Public School

SECTION A

Student's Name Year

Date of birth (dd/mm/yy) / / Gender Male Female Not Specified

Residential Address

Postcode

PARENT / CARER 1 DETAILS

Name

Relationship to student

Residential Address

Postcode

Telephone (Home) Telephone (Work)

Telephone (Mobile)

PARENT / CARER 2 DETAILS

Name

Relationship to student

Residential Address

Postcode

Telephone (Home) Telephone (Work)

Telephone (Mobile)

MEDICAL DETAILS

Medicare Card Number Medicare Card Individual Reference Number (IRN)

Expiry date (dd/mm/yy) / /

Do you have ambulance insurance? YES NO

If YES, specify insurance provider

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

List any essential information that could affect your child in an emergency e.g. allergy to penicillin

Medical Practice

Doctor 1 Name Telephone

Doctor 2 Name Telephone

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long Term Medication – Complete the *Medication section* of the relevant health care plan – see below.

Short Term Medication – Request an *Administration of Medication Form* to complete and return to the Principal or class teacher.

Note: All medication required must be supplied by parents/carers.

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, that 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?

INFORMED CONSENT (CONTINUED)

Does your child have one or more health condition(s) that will require support from school staff?
(check the box that applies)

NO – Sign below and return **Section A** of this form to the school office.
If your child's requirements change, please notify the school.

Parent/Carer Name

Signature

Date

 / /

YES – Complete the remainder of this form and return it to the school office.
You will be given additional forms to complete.

List your child's health condition(s)

SECTION B

PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFF

(In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions

(check the box that applies)

- Severe Allergy / Anaphylaxis**
- Minor and Moderate Allergies**
- Diabetes**
- Seizures**
- Asthma**
- Activities of Daily Living**
- Other Conditions or Needs** (Please specify below)

Will school staff require specific training to support your child?

- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- 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 training, please discuss the type of training with the Principal.

SECTION C – 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 a photo to the relevant health care plan(s).

SECTION D – MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? YES NO

If YES, please provide details below

Parent/Carer Name

Signature

Date

 / /

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 an allergy that needs to be flagged on SIS?

YES NO

Have the relevant health care plans been issued to the parent?

YES NO

Has the Principal been informed if:

Specific training is required to support the student? YES NO

The student’s health care information is to be restricted? YES NO

Date Student Health Care Summary was completed and uploaded on SIS

 / /