

1. IMMUNISATION RECORD – This is essential information

Please provide a photocopy of your child's Immunisation History Statement (available through Medicare at: www.medicareaustralia.gov.au or by calling 1800 653 809) or a photocopy of the immunisation schedule in your child's Blue Book.

Is your child fully immunised for their age? Yes No

2. ASTHMA HISTORY

Does your child suffer from asthma? Yes No

If **YES** would you describe your child's asthma as: Mild Moderate Severe

Has your child been to hospital due to asthma in the past 2 years? Yes No

Has your child been treated with oral cortisone in the past 12 months? Yes No

Does your child have an asthma action plan? (If yes, please enclose) Yes No

Child's current reliever is _____ Current preventer _____

Other medication taken for asthma? _____

3. ALLERGY HISTORY

Does your child suffer from any allergies? Yes No

If **YES**, please specify treatment and severity:

Drug (eg. Penicillin): _____

Food (eg. nuts): _____

Insect (eg. bees): _____

Other: _____

mild moderate severe

Treatment: _____

Has your child been hospitalised with an allergic reaction? Yes No

Please give details: _____

If requiring an Epipen, please supply the Allergy Action Plan for your child with a photo attached and make an appointment to speak with the School Sister on 9972 5734.

4. MEDICAL HISTORY

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

Please tick and give details in the space provided below.

- | | | |
|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Migraine |

Other health issues of which the School should be made aware - does your child suffer from any other condition likely to affect activities at School? (e.g. Anuresis (bedwetting), glue ear, fainting, incontinence, poor co-ordination, psychological issues that are under treatment, sleepwalking):

Any disability (e.g. hearing, learning, restricted muscle control, sight):

Has your child had any surgical operations or other injuries (please give details):

Please give details of any current medication and/or medical or dental treatment:

For safety reasons parents are to give all medications to the School Health Centre staff, who will ensure they are administered as directed. All medications must be in the original container with the label clearly displaying pupil's name and required dosage.

MEDICATION CONSENT FORM

Parents must give written consent before a pupil can be given any non-prescription medication.

Please sign beside any medication that you are prepared to consent to your child receiving on assessment by the School's Health Centre staff.

If your child needs to have any medication other than Panadol, Nurofen or Aspirin, please supply it in the original container, clearly labelled with name, dosage and instructions.

Reason – for relief of:	Medication	Parent/Guardian Signature
colds and fevers/headaches	Paracetamol – tablets/elixir	
pain and fever	Nurofen	
migraines	Aspirin	
nausea and indigestion	Mylanta	
mouth ulcers	Bonjela	
allergic reaction	Claratyne	
asthma	Ventolin	

In the event of injury or illness to a pupil requiring urgent hospital or medical treatment including but limited to injections, blood transfusions, the administering of an anaesthetic or other medical procedure deemed by a competent medical authority to be essential and where a parent or guardian is not readily available to authorise such treatment, the School Nurse or other authorised member of the School staff is authorised to give the necessary authority for such treatment without the School or such staff member or any other employee or agent of the School incurring any liability to the pupil, parent or guardian.

The parents or guardians agree to be liable for and indemnify the School, its employees and agents in respect of all costs and expenses arising directly or indirectly out of such treatment.

CONFIRMATION AND AGREEMENT

Please sign and date the form below. By signing you agree that all information contained in this form is accurate and up-to-date.

Signed: _____ Parent/Guardian

Name: _____ Date: _____

PLEASE PRINT YOUR NAME CLEARLY

SCHEDULE OF PROCEDURES

School Procedures in the event of Accident or Illness

- The pupil will report to the Health Centre where his/her attendance will be recorded on the daily register.
- The registered nurse on duty will assess and treat the pupil as required in accordance with the following general protocols.

Minor Injuries

- Pupil to report to the Health Centre where assessment and first aid will be administered.
- If the pupil is injured whilst playing sport he/she should report to the coach/teacher in the first instance and then to the registered nurse on duty.

Serious Ailments/Injuries requiring Doctor or Hospital

- The School nurse will be called to the site of the injury/illness if at all possible and/or, if appropriate, the pupil transferred to the Health Centre where first aid will be administered.
- The parent/guardian will be contacted if at all possible according to the information available on the medical form.
- Pupil will be sent home or wait for parent to collect, according to instructions from parent/guardian.
- The nurse on duty or other member of the School staff (if the nurse is not available) will assess the pupil and if required the pupil will be transported to the doctor/hospital.
- In an emergency or on the advice of an attending doctor, the pupil will be taken by ambulance or other suitable vehicle to the nearest available hospital.

Medications

- Parents are required to inform the Health Centre of any medications being taken.
- All medications taken during the School day should be stored in the Health Centre unless other arrangements are made with nursing staff.
- All medications administered by the School nurse will be recorded.
- Assistance will be given by the School nurse in the administration of prescription medication when requested by parents in writing providing the medication is in its original container.
- The School nurse may only administer or assist with the administration of medication if the medication is supplied in its original container clearly labelled with the pupil's name, dosage and instructions.
- Pharmacy medications will be administered only where supplied by parents and authorised on their Medication Consent Form (page 4).
- All medications will be stored in a locked cupboard in the Health Centre.