



Pittwater House

Mandatory Health and Medical Form Instructions

IMPORTANT

The following steps must be completed before your child's first day of school.

Your child will not be permitted to commence their schooling at Pittwater House if incomplete.

Please return to the Admissions Office:
enrolments@tphs.nsw.edu.au

Mandatory Health and Medical Form Instructions

STEP 1: Enter your Child's Medical Details in Edumate

Please use your login details provided to you and enter your child's Medical Information via Edumate. Please click this link to the TPHS Edumate Login page <https://portal.tphs.nsw.edu.au>.

For instructions on how to enter this information, please refer to the 'How to use Edumate' document included in your New Starter pack or via the Parent Portal on the TPHS website.

The details collected in our Edumate system are needed for correct and timely treatment when required. It is most important that all medical conditions, allergies and physical disabilities are noted. If experiencing difficulties with completing details on Edumate, please contact IT on support@tphs.nsw.edu.au or phone 9981 4400 and choose IT option.

STEP 2: Please return the attached Health and Medical Checklist

Once you have completed this information **in Edumate** please complete, sign and return the mandatory **Health and Medical Checklist** on the adjoining page to notify the school that you have entered your child's medical information into Edumate.

STEP 3: Special Health Needs

If your child has a serious allergy or a special health need we ask that you contact us at the Health Centre via email on: healthcentre@tphs.nsw.edu.au providing details of your child's condition and usual treatment. This assists us to give your child prompt, appropriate treatment should they require it.

Information including:

- Asthma – Asthma Management Plan
- Allergies – ASCIA Allergy Care Plan for either Moderate (green form) or Anaphylactic (red form) reactions
- Migraines – usual treatment
- Mental Health – details of condition and treatment, e.g. anxiety, depression
- Chronic medical conditions – details of condition and treatment, e.g. diabetes and epilepsy
- Neuropsychological – details of condition and treatment, e.g. ADD, ADHD

Mandatory Health and Medical Checklist

NOTE: Before continuing please ensure you have completed STEP 1 on the previous page

IMPORTANT: This form is to confirm that ALL EDUMATE MEDICAL INFORMATION HAS BEEN COMPLETED. Please complete and return this checklist in full, to the Pittwater House Admissions Office after completing STEP 1.

STUDENT DETAILS

Surname: _____ Given Names: _____

Date of Birth: _____ Gender: MALE FEMALE

I _____ confirm that: (please tick to confirm as appropriate)

- I have completed in full the 'Health Information' section in the Edumate system as relevant to my child named above.
- I have completed in full the 'Asthma History' section in the Edumate system as relevant to my child named above and answered yes or no to the 'Asthma' question.
- I have completed in full the 'Medical Condition – Anaphylaxis' section in the Edumate system as relevant to my child named above.
- I have provided with this form a copy of my child's AIR Immunisation History Statement obtained through Medicare or emailed an electronic copy to healthcentre@tphs.nsw.edu.au *Immunisation AIR History Statement (available using your Medicare online account through myGov at: <https://my.gov.au/> or by calling: 1800 653 809).* **Photocopy of the immunisation schedule in your child's Blue Book is not acceptable. Overseas immunisations need to be entered into the Medicare system by a GP. Overseas records are not accepted.**

Is your child fully immunised for their age? YES NO

- I have completed in full the 'Known Medical Conditions, Sight or Hearing Difficulties' section in the Edumate system as relevant to my child named above or ticked 'No Known Conditions' if applicable.
- I have completed in full the 'Known Allergies' section in the Edumate system as relevant to my child named above or ticked 'No Known Allergies' if applicable.
- I have completed in full the 'Dietary Needs' section in the Edumate system as relevant to my child named above or ticked 'No Specific Dietary Needs' if applicable.
- I have completed in full the 'Prescription Medications' section in the Edumate system as relevant to my child named above.
- I have completed in full the 'Authorised Medications' section in the Edumate system as relevant to my child named above or ticked 'No Medication to be provided to this student' if applicable.

Failure to declare a particular known physical disability could result in the invalidating of any insurance claim under the Civil Liabilities Act 2002.

The School's Medication Administration Policy states that only Unscheduled Medication (i.e. available at supermarket) may be supplied by the School to students. Any other medication must be supplied by the parent/guardian in the **original packaging, with the label clearly displaying the student's name, required dosage and instructions.**

In the event of injury or illness to a student requiring urgent hospital or medical treatment including but not 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 student, 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

Consent, Confirmation and Agreement

I/We _____ (Parent/Guardian - please print)

being the Parent/Guardian of _____ (please print Student Name)

1. consent to the administration of medications specified and authorised in the Edumate system.
2. consent to the administration of medication as notified to the School, in writing as required.
3. authorise Pittwater House Schools to follow the procedures set out herein in the event of injury or illness of our son/daughter.
4. agree to inform you of any changes to the information contained in the Edumate system at the time the information changes.
5. declare that the information entered in Edumate and contained in this form is complete and accurate.

This consent shall remain valid unless withdrawn and notified by myself/us in writing to the School.

Date: _____ Signature: _____
(Parent or Guardian)

Name: _____
(Please print name clearly)

Best Contact Number: _____

Privacy Policy

For information about how the School manages personal information provided to or collected by it please go to: <http://www.pittwaterhouse.com.au/site/privacy-policy-standard-collection-notice/>