FORM 1 – STUDENT HEALTH CARE SUMMARY

SECTION A

School:	Year: Tute:
Student Surname:	Student First Name:
Address:_____ _____ Suburb: _____ Postcode: _____	Date of Birth: Gender: Male / Female

FAMILY EMERGENCY CONTACT DETAILS	MEDICAL DETAILS
Surname: _____ First Name: _____ Title: _____ Relationship to student: _____	Medical Practice/Surgery Name: _____ Surgery Address: _____ _____ Suburb: _____ Postcode: _____ Doctor's Name: _____ Telephone: _____
Telephone: (Mobile) _____ (Home) _____ (Work) _____	

Do you have ambulance insurance*? **Yes ☐ No ☐** Insurance company/provider: _____

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

Medicare Card Number: _____ Expiry date: _____

Health Care Card Number: _____ Expiry Date: _____

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, 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? _____

Does your child have one or more health condition(s) that will ***require support*** from school staff?
No ☐ If No - Go to Section C
Yes ☐ If Yes - Complete Section B. You will be given additional forms to complete once returned to the school.

SECTION B

IN THE FOLLOWING TABLE, 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	Tick health condition	Will school staff require specific training to support your child?
Severe Allergy/Anaphylaxis	☐	YES ☐ NO ☐
Minor and 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 – add additional paper if required)		
	☐	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, Please supply a copy

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

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 ☐**

I give permission to Call a Doctor **Yes ☐ No ☐** I give permission to Administer First Aid **Yes ☐ No ☐**

If yes, please attach 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, provide details:_____

SIGNATURE/SIGN OFF

Parent/Carer Full Name: _____

Parent/Carer Signature: _____ Date: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS
Please Note: Where appropriate, students should be encouraged to participate in their health care planning.

If you have any queries regarding this form, or your child's medical/welfare needs and requirements, please contact the school as soon as possible.
We want to ensure the best possible care, or plan, is put in place for your child.

At the beginning of each school year we will contact you regarding information on this form to ensure the information is still current, and care plans are still appropriate, or they need updating.

OFFICE USE ONLY

Does the child have an 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/School Nurse/Student Services Team or others, been informed if:

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

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

Officer Signature: _____