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Junee High School

To Dream. To Create. To Succeed.

52 Lydia Street, Junee NSW 2663

Student medical details – update of information

Student medical details and health conditions

It is essential you inform the school as you are aware of any **newly diagnosed** allergies, other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child's safe participation at the school.

Student's Medicare number: _____ Reference number: _____

Medicare card valid to date (*month year*): _____

Doctor's name/medical centre: _____

Doctor's address *(eg 1 High Street, Sydney, NSW, 2000)*: _____

Doctor's phone number *(work)*: _____

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.

If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.

ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD OR OTHER (EG NUTS, EGGS, PEANUTS)

If your child has an allergy, please specify in the box below. For this allergy, answer the questions that follow. If there is insufficient space, please attach additional pages

Allergy to: .....

1. Has a doctor diagnosed this allergy? ❑ Yes ❑ No

2. Is this a severe allergy (anaphylaxis)? ❑ Yes ❑ No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? ❑ Yes ❑ No

4. If yes, which hospital? _____

5. Does your child have an ASCIA Action Plan for Anaphylaxis? ❑ Yes ❑ No

6. If yes, is this plan attached? ❑ Yes ❑ No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®)? ❑ Yes ❑ No

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).

Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an **updated ASCIA Action Plan** *for Anaphylaxis. It is important that any updated plan is provided to the school.*

Student medical details – update of information (continued)

8. What is the expiry date of the adrenaline autoinjector that will be provided to the school? *month year:* _____ / _____

9. Does your child have an ASCIA Action Plan for Allergic Reactions? ❑ Yes * ❑ No

* If yes, please return a copy for the school with this form.

10. Please list any other medication prescribed for this allergy: _____

_____

The school will require further details in relation to prescribed medication.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all questions that follow).

Medical condition: _____

1. Has a doctor diagnosed this condition? ❑ Yes ❑ No
2. Has your child been hospitalised with this condition? ❑ Yes* ❑ No * When: _____
3. If yes, which hospital? _____
4. Does your child have a documented action plan from a doctor (eg asthma action plan)? ❑ Yes ❑ No
5. If yes, is this plan attached? ❑ Yes ❑ No – you are required to provide a copy of this to the school
6. Is your child taking prescribed medication for this condition? ❑ Yes ❑ No
7. If yes, what is the prescribed medication? _____

The school will require further details in relation to prescribed medication.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.

Signed by (name): _____ Signature: _____

Date: _____

OFFICE USE ONLY

❑ Original documents must be sighted and photocopied ❑ Copy to file

Student records updated by: _____ Date: _____

Year Adviser: _____ notified of changes on: _____