

STUDENT HEALTH CARE SUMMARY

Student Details

Entering school year	In the year		Previous school	
Student's Surname			First Name	
Second Name			Date of birth (dd/mm/yy)	
Sex	Male	Female	Other	Pronouns
Address				
			Postcode	

Family Contact Details

Parent/Carer 1				
Relationship to student				
Address (if different to student)				
		Postcode		
Telephone (Home)		Telephone (Work)		
Telephone (Mobile)				
Parent/Carer 2				
Relationship to student				
Address (if different to student)				
		Postcode		
Telephone (Home)		Telephone (Work)		
Telephone (Mobile)				

Medical Details

Medical practice

Dental practice

Doctor

Dentist

Telephone

Telephone

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.

Medicare Card number

Medicare Card Individual Reference Number (IRN)

Expiry date (dd/mm/yy) / /

Administration of Medication

Written authorisation must be provided to administer any form of medication at school. If medication is required, please request an Administration of Medication form to complete and return to the School Nurse.

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

Informed Consent

I give permission, if required, for John Curtin College of the Arts

to Administer first aid: YES NO Call the Doctor: YES NO Call the Dentist: YES NO

Do you give consent for your child's health care information to be shared with staff on a need to know basis.

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?

If your child has a health condition(s) that will require support at school, a parent/guardian will be required to complete a health care plan. This will inform and prepare the school staff to better manage health care needs and or respond to health emergencies during school hours.

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 photo to the relevant health care plan(s).

Student Health Conditions

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 may be sent specific health condition forms to complete for the school nurse)

Note: Where appropriate students should be encouraged to participate in their health care planning.

Health conditions (Check the box that applies)

Severe Allergy/Anaphylaxis	ASD
Minor and Moderate Allergies (if treatment required)	ADHD
Diabetes	Mental Health
Seizures	Conditions Depression/Anxiety
Asthma (Diagnosed)	Coeliac Disease
Activities of Daily Living	Joint Hypermobility
Diagnosed migraine or other headaches	Crohn's Disease
Other conditions or needs (Please specify below)	

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

YES NO - *If yes, please provide a copy of the document along with this form.*

Medic Alert Information

Does your child have a Medic Alert bracelet or pendant? YES NO - *If yes, provide details below:*

Parent/Carer Signature **Date** / /

Parent/Carer Name

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.

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	Date	/	/
Have relevant health care plans been issued to the parent?	YES	NO	Date	/	/
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 <i>Student Health Care Summary</i> was completed and uploaded on SIS:			Date	/	/

