

## FORM 1 STUDENT HEALTH CARE SUMMARY

SECTION A			
Year		Form Teacher	
Student's name			
Date of birth (dd/mm/yy)	1 1	Gender	
Address			
		Postcode	
FAMILY CONTACT DETAILS			
Name			
Relationship to student			
Address			
		Postcode	
Telephone (Home)		Telephone (Work)	
Telephone (Mobile)			
Name			
Relationship to student			
Address			
		Postcode	
Telephone (Home)		Telephone (Work)	
Telephone (Mobile)			

Medical practice						
Doctor 1			Telephone			
Doctor 2			Telephone			
Do you have ambulance insura	nce? YES	O NO -	If yes, specify insurance provider	7		
If there is a medical emergency, p	arents/carers are	expected to	meet the cost of an ambulance.			
List any essential information t	hat could affect	your child i	in an emergency e.g. allergy to	penicillin.		
Medicare Card number			Medicare Card Individu Reference Number (IRI			
Expiry date (dd/mm/yy)	/ /					
ADMINISTRATION OF MEDIC	CATION					
Written authorisation must be pro	vided for staff to a	dminister a	ny form of medication at school.			
Long term medication – Comple	ate the Medication	section of t	he relevant health care plan – s	ee helow		
Short term medication – Reque				CC DCIOTI.		
Note: All medication required must be			ation form to complete and retur	n to the Principa	al or class to	eacher.
			ation form to complete and retur	n to the Principa	al or class to	eacher.
			ation form to complete and retur	n to the Principa	al or class to	eacher.
INFORMED CONSENT	e supplied by parent	s/carers.				eacher.
INFORMED CONSENT  Your child's health care informa	e supplied by parent	s/carers. red with sta	off on a need to know basis ur	nless otherwise		eacher.
INFORMED CONSENT	e supplied by parent ation will be shar school to share	s/carers. red with sta your child's	off on a need to know basis ur s health care information?	nless otherwise	e stated. NO	
INFORMED CONSENT  Your child's health care information for the lift your child is enrolled in a TAFI principal or manager of that program.	ation will be share school to share E, PEAC or an alterna	s/carers.  red with sta  your child's  ative education	off on a need to know basis ur s health care information?	nless otherwise YES r of their health ca	e stated. NO are informatio	
INFORMED CONSENT  Your child's health care information of the lift your child is enrolled in a TAFI principal or manager of that program.	ation will be share school to share E, PEAC or an alterna	s/carers.  red with sta  your child's  ative education	off on a need to know basis ur s health care information?	nless otherwise YES r of their health ca	e stated. NO are informatio	
INFORMED CONSENT  Your child's health care information for the lift your child is enrolled in a TAFI principal or manager of that program.	e supplied by parent ation will be shar school to share E, PEAC or an alterna be restricted, w	ed with sta your child's ative education	off on a need to know basis ures health care information?  on program, this includes the transferent of your child's health	nless otherwise YES r of their health can	e stated. NO are information?	on to the
INFORMED CONSENT  Your child's health care information for the Note: If your child is enrolled in a TAFI principal or manager of that program. If no, and the information is to Does your child have one or more than the second s	ation will be share school to share E, PEAC or an alternable restricted, where health conditions is a supplemental to the state of the	red with sta your child's ative education ho can be i	off on a need to know basis ures health care information?  on program, this includes the transferent of your child's health	nless otherwise YES r of their health can care informated the staff? (Check	e stated.  NO are information?  tion?	on to the t applies)
INFORMED CONSENT  Your child's health care information for the Note: If your child is enrolled in a TAFI principal or manager of that program.  If no, and the information is to Does your child have one or mo	ation will be share school to share E, PEAC or an alternable restricted, where health conditions is a supplemental to the state of the	red with sta your child's ative education ho can be i	off on a need to know basis ures health care information?  In program, this includes the transferon of your child's health will require support from school	YES YES Or of their health can care informated staff? (Check ements change,	e stated.  NO are information?  the box that please noti	on to the t applies)
INFORMED CONSENT  Your child's health care information for the Note: If your child is enrolled in a TAFI principal or manager of that program.  If no, and the information is to Does your child have one or mo	ation will be share school to share E, PEAC or an alternable restricted, where health conditions is a supplemental to the state of the	red with sta your child's ative education ho can be i	off on a need to know basis ures health care information?  In program, this includes the transferon of your child's health will require support from school	nless otherwise YES r of their health can care informated the staff? (Check	e stated.  NO are information?  tion?	on to the t applies)
INFORMED CONSENT  Your child's health care information for the principal or manager of that program. If no, and the information is to the principal or manager of that program. If no, and the information is to the principal or manager of that program. If no, and the information is to the principal or manager of that program. If no, and the information is to the principal or manager of that program. If no, and the information is to the principal or manager of that program. If no - Sign below and return Signature  If you are completing this formation is to the principal or manager of the program.	ation will be share school to share E, PEAC or an alternation will be restricted, where health conditions are the stricted of this form online and are ect. Note: In the every support of the strict o	red with staryour child's ative education the can be in constant with the scan be in the scan be in the scan be unable to ent that state.	off on a need to know basis ures health care information?  In program, this includes the transfer on program, this includes the transfer on program, this includes the transfer of the program of th	YES YES or of their health can care informated staff? (Check ements change,	e stated.  NO are information?  the box that please notification.	on to the t applies) ify the school
INFORMED CONSENT  Your child's health care information for the principal or manager of that program. If no, and the information is to the program of the principal or manager of the program. If no, and the information is to the program of the program of the program. If no, and the information is to the program of the pro	ation will be share school to share E, PEAC or an alternation will be restricted, where health conditions are health conditions and are sect. Note: In the explied may need to be supplied may need to be supplied may need to be supplied by the same supplied by th	red with staryour child's ative education the can be in the source on the source checked by the	off on a need to know basis ures health care information?  In program, this includes the transfer on program, this includes the transfer on program, this includes the transfer of the program of th	r of their health can care informated staff? (Check ements change,  Date is box to confine prove to be false	e stated.  NO are information?  the box that please notify  m the above or misleading	on to the  t applies)  ify the school  / ee g this applicati
Note: If your child is enrolled in a TAFI principal or manager of that program.  If no, and the information is to  Does your child have one or mo  NO - Sign below and return S  Signature  If you are completing this for information is true and corremay be declined. Information supports	ation will be share school to share E, PEAC or an alternation will be restricted, where health conditions are the section A of this form online and are ect. Note: In the every policy may need to be ser of this form and are continuous and are	red with staryour child's ative education the can be in the source on the source checked by the	off on a need to know basis ures health care information?  In program, this includes the transfer of the school.	r of their health can care informated staff? (Check ements change,  Date is box to confine prove to be false	e stated.  NO are information?  the box that please notify  m the above or misleading	on to the  t applies)  ify the school  / ee g this applicati

IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAFE (In response to the information below, you will be given further forms for specific health conditions to complete)    Meabth conditions (Check the box that applies)   Will school staff require specific training to support your child?     Severe Allerg/Anaphylaxis	SECTION B					
Severe Allergy//naphy/axis				RT OF SCH	IOOL STA	NEF.
Minor and Moderate Allergies   YES   NO	Health conditions (Check the box that applies)	Will school staff require	specific training	to suppor	t your ch	ild?
Diabetes   YES   NO     Setzures   YES   NO     Asthma   YES   NO     Activities of Daily Living   YES   NO     Activities of Daily Living   YES   NO     Other Conditions or Needs (Please specify below)   YES   NO     Other Conditions or Needs (Please specify below)   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, advise the Principal:   If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.    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     If yes, please attach photo to the relevant health care plan(s).    SECTION D - MEDIC ALERT INFORMATION   Dees your child have a Medic Alort bracelet or pendant?   YES   NO - If yes, provide details below:    Parent/Carer Signature   Date   /     Parent/Carer Signature   Date   /     Parent/Carer Signature   Date   /     OFFICE USE ONLY   Dees the child have an allergy that needs to be flagged on SIS?   YES   NO   Date   /   /     Have relevant health care plans been informed it:	Severe Allergy/Anaphylaxis	YES NO				
Seizures   YES   NO     Asthma   YES   NO     Activities of Daily Living   YES   NO     Activities of Daily Living   YES   NO     Other Conditions or Needs (Please specify below)   YES   NO     Other Conditions or Needs (Please specify below)   YES   NO     Other Conditions or Needs (Please specify below)   YES   NO     WES   NO - If yes, advise the Principal:   If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.    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 identificant.   If yee permission for my child's medical details and photo to be on view for staff.   YES   NO     If yee, 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 below:    Parent/Carer Name   Date	Minor and Moderate Allergies	YES NO				
Astima	Diabetes	YES NO				
Activities of Daily Living	Seizures	YES NO				
Other Conditions or Needs (Please specify below)   YES   NO	Asthma	YES NO				
Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?  YES	Activities of Daily Living	YES NO				
YES  NO - If yes, advise the Principal:  If you have ticked Yes for specific staff training, please discuss the type of training needed with the Principal.  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  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 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. Note: in the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.  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 / / /  Has the Principal been Informed If:	Other Conditions or Needs (Please specify below)	○ YES ○ NO				
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. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.  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:	YES NO - If yes, advise the Principal:  If you have ticked Yes for specific staff training, please discuss the second of the sec	N YOUR CHILD'S HEALTI e indicate whether you give co	he Principal.  H CARE PLAN  onsent for staff t	o place you	ır child's	
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. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.  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:	December of the bound of the second of the s	VES NO - Hand	novido dotaile	holow		
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. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.  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:	Does your child have a Medic Alert bracelet or pendant?	1123 ( 140 - 11 yes	s, provide details	below.		
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. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.  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:	Parent/Carer Signature		Date	1	1	
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. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.  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:						
information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.  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:	Parent/Carer Name					
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:	information is true and correct. Note: In the event that statemen	ts made in this application later p				cation
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:			ANT HEALTH C	ARE PLAN	NS.	
Have relevant health care plans been issued to the parent?  YES NO Date / /  Has the Principal been informed if:	OFFICE USE ONLY	De Lancie La	(STAPE)			
Has the Principal been informed if:	Does the child have an allergy that needs to be flagged on SIS?	YES NO	Date	1	1	
	Have relevant health care plans been issued to the parent?	YES NO	Date	1	1	
the student's health care information is to be restricted?	specific training is required to support the student?					
Date Student Health Care Summary was completed and uploaded on SIS:  Date / /		0 11 0	Date	1	1	