

## Section 7: Form 1 – Student Health Care Summary and Excursion Form

<b>SECTION 7A</b>	<b>Student Name:</b>		
<b>School</b>	<b>MOUNT BARKER COMMUNITY COLLEGE</b>	<b>FORM</b>	
<b>Parent's Name</b>		<b>Mob:</b>	
		<b>Home:</b>	
		<b>Work:</b>	
<b>Address</b>			
<b>Date of Birth</b>			
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b><u>Medical Details</u></b>			
<b>Medical Practice</b>			<b>Phone</b>
<b>Doctor</b>			
<b>Do you give permission for the school to administer First Aid if required?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Do you give permission for the school to seek medical attention for your child?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Swimming Stage Please circle:</b>			
1. Beginner	6. Junior	11. Swim & Survive	
2. Water/Surf Discovery	7. Intermediate	12. Snr Swim & Survive	
3. Preliminary	8. Water/Surf Wise	13. Wade Rescue	
4. Water/Surf Induction	9. Senior	14. Accompanied Rescue	
5. Water/Surf Safe	10. Jnr Swim & Survive	15. Bronze Star	
		16. Bronze Medallion	
<b>Medicare Number</b>	<b>Card Number:</b> _____		<b>Expiry Date:</b> ___/___/___
<b><u>Immunisation</u></b>			
<p>It is an enrolment requirement that parents provide an Immunisation History Statement to the school. Parents are reminded to ensure this is done.</p> <p>The Australian Childhood Immunisation Register (ACIR) records the immunisation history of children up until they turn 7 years old. If parents do not have a copy of their child's early childhood immunisation history, they can call ACIR on 1800 653 809, present their Medicare number, and gain access to their child's record, or follow this link:</p> <p><a href="http://humanservices.gov.au/customer/services/medicare/australian-immunisation-register">humanservices.gov.au/customer/services/medicare/australian-immunisation-register</a></p> <p>PLEASE NOTE: 1) This record will not list immunisations the child may have received after turning 7 years of age.</p> <p style="padding-left: 40px;">2) Only this type of statement/record will be accepted.</p>			
<b>Immunisation History Statement provided:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do you have ambulance cover? The College will call an ambulance if there is a medical emergency; Parents/Carers are expected to meet the cost of an ambulance.</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<i>If yes, Insurance Provider</i>	
		_____	

**SECTION 7B - 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 TAFE, PEAC or an alternative education program, the school may transfer their health care information to the principal or manager of that program.*

*If you do not agree to have this information shared with other authorised organisations, who else can be informed of your child's health care information?*

\_\_\_\_\_

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition or disability\* that may affect his/her safety, or require the school to provide learning adjustment?  No  Yes (please provide further information if necessary)\*\*

\_\_\_\_\_ \* NB Department staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on this form. \*\*NB If necessary, please consult the principal well in advance of excursion to discuss appropriate learning adjustments.

Is your child allergic to Penicillin?  Yes  No

Any other drug?  Yes  No \_\_\_\_\_

Any food?  Yes  No \_\_\_\_\_

Other?  Yes  No \_\_\_\_\_

Is your child presently taking medication  Yes  No \_\_\_\_\_

Does your child self-administer medication  Yes  No \_\_\_\_\_

**Administration of Medication**

Written authorisation must be provided for staff to administer any form of medication at school. For Long Term Medication: complete the Medication section of the relevant Health Care Plan. For Short Term Medication: request an Administration of medication form to complete and return to the college. Note: All medication required must be supplied by parents/carers.

Does your child have one or more health condition/s that will require support from school staff?

NO

YES  - Please list \_\_\_\_\_

\_\_\_\_\_

If your child has a medical condition, do they require a care plan?

No

Yes

**SECTION 7C – CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN**

If your child has a condition where an emergency may occur, do you give consent for staff to place your child's medical details and photo on view to provide immediate identification?

Yes

No

**SECTION 7D – MEDIC ALERT INFORMATION**

Does your child have a Medic Alert bracelet or pendant?

Yes

No

If yes please provide details \_\_\_\_\_

\_\_\_\_\_

Consent: I agree to inform the college before any scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise school staff to consent to my child receiving such medical treatment as considered necessary. I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion. Please sign.

**DISCLAIMER: I declare that the information provided on this form is true and correct according to my knowledge.**

Parent/Carer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Office Use Only**

Does this child have an allergy that needs to be flagged on SIS?

Yes

No

Have relevant health care plans been issued to the parent?

Yes

No

Has the Principal or Deputy 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 Student Health Care Summary was completed and uploaded on SIS \_\_\_/\_\_\_/\_\_\_

