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

**SECTION 7A**

<table>
<thead>
<tr>
<th>School</th>
<th>MOUNT BARKER COMMUNITY COLLEGE</th>
<th>FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s Name</td>
<td></td>
<td>Mob:</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td>Home:</td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td>Work:</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td>□ Male  □ Female</td>
</tr>
</tbody>
</table>

**Medical Details**

<table>
<thead>
<tr>
<th>Medical Practice</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td></td>
</tr>
</tbody>
</table>

Do you give permission for the school to administer First Aid if required?

- □ Yes
- □ No

Do you give permission for the school to seek medical attention for your child?

- □ Yes
- □ No

Swimming Stage Please circle:

1. Beginner
2. Water/Surf Discovery
3. Preliminary
4. Water/Surf Induction
5. Water/Surf Safe
6. Junior
7. Intermediate
8. Water/Surf Wise
9. Senior
10. Jnr Swim & Survive
11. Swim & Survive
12. Snr Swim & Survive
13. Wade Rescue
14. Accompanied Rescue
15. Bronze Star
16. Bronze Medallion

**Medicare Number**

| Card Number: __________ ____________ __ | Expiry Date: ___/___/____ |

**Immunisation**

It is an enrolment requirement that parents provide an Immunisation History Statement to the school. Parents are reminded to ensure this is done.

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:


PLEASE NOTE: 1) This record will not list immunisations the child may have received after turning 7 years of age.

2) Only this type of statement/record will be accepted.

Immunisation History Statement provided:

- □ Yes
- □ No

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.

- □ Yes
- □ No

*If yes, Insurance Provider*
**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

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?

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.

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          ___/ ___/ _____