



ST PATRICK'S COLLEGE STRATHFIELD

## MEDICAL HEALTH CARE NEEDS AND MEDICATION FORM

This form is used to update the medical details, health care needs and medication administration of future and current students. Parents/Guardians are advised that it is a condition of enrolment that the College may request medical reports and health information about students from time to time to discharge its legal duty of care to the student and to other students and staff. This includes a student's asthma and anaphylaxis action plans, as well as any other health or medical information which is reasonably likely to impact on the College's ability to provide educational, first aid and related services. Please refer to the Student and Parent Collection Notice on our website for more information.

Student's Full Name and Home Room

Date of Birth

Doctor's name

Doctor's phone number

Doctor's Address

Student's Medicare number

Does your son have any allergies?

Yes

No

Is the allergy mild, moderate or severe (or NA): \_\_\_\_\_

Please describe the allergy e.g. all nuts, bee stings, pistachios, penicillin or unknown and symptoms

*e.g swelling of lips face and eyes.*

Has your son ever been hospitalised as a result of Anaphylaxis?

Yes

No

Has your son been prescribed an Adrenaline Autoinjector?

Yes

No

If Yes, please **circle** whether it is an:

EpiPen®

OR

Anapen®

Does your son have asthma?

Yes

No

Is the asthma mild, moderate or severe (or NA): \_\_\_\_\_

Has your son been prescribed an asthma reliever medication?

Yes

No

Does your son have any other medical or health related condition?

Yes

No

If yes, please describe the medical condition:

*e.g. epilepsy*

Are there any other actions the College should take to ensure your son's medical/health needs are met?

Yes

No

If yes, please provide additional information. Also include consideration of co-curricular activities and excursions. Note that the action the College will take must be agreed to by the College and included in the student's Health Care Plan. If you are unsure, these actions can be discussed with the Director of Junior School or the relevant Year Coordinator.

*e.g. must check blood sugar levels before commencing sports.*

**Please attach any emergency plans that have been agreed with a medical practitioner, for example, Action Plan for Anaphylaxis or Asthma. Ensure that you provide the College with any updates to the Action Plans. If you have already provided the current plan or medical report, then you do not need to provide it again.**

Please provide any other relevant information you wish to provide, such as contact details of any specialist medical practitioners. etc.

## MEDICATION AUTHORISATION

The College will supply and administer Panadol with written authorisation from parent or carer.

Any other prescribed or over the counter medicine (e.g. Claratyne) must be supplied by the parent or carer. This form must be completed and processed by the College before the medication is supplied to the College. A letter from the treating doctor together with a copy of the prescription must be provided. Medication is to be supplied to the College Nurse in Student Services (Hanrahan Building) and must be appropriately labelled in the original packaging. All medication will be securely stored in Student Services.

I give **permission** for my son to be administered pain-killers for mild pain or headache.

Yes

No

Does your son take any prescribed medication on a regular basis?

Yes

No

If yes, what is the name of the prescribed medication/s and what conditions is the medication intended to treat?

If the College is required to **administer** prescribed medication, **or supervise** a student who will administer it, please provide the following: (PLEASE INCLUDE EPI-PENS AND VENTOLIN)

<i>Name of Medication:</i>	<i>Name of Medication:</i>
<i>Strength:</i>	<i>Strength:</i>
<i>Dosage:</i>	<i>Dosage:</i>
<i>Relevant Condition:</i>	<i>Relevant Condition:</i>

**Note: Please ensure your child’s medication is clearly labelled with their name and the expiry date.**

It is important for some students such as those with Asthma and Anaphylaxis, to have IMMEDIATE ACCESS to their medication. If appropriate, your child should carry their own EpiPen ®, Anapen ® and/or asthma reliever medication and/or any other medication while at school.

We request that you also provide the school with at least one other EpiPen ®, Anapen ® and/or asthma reliever medication and/or any other medication for storage in Student Services.

We require this form to be completed whenever these arrangements change.

Please describe where in the College your son’s medication will be stored and whether he will carry any medication with him:

*e.g. My Child will carry their EpiPen in a medical pouch at all times. We will also provide an Epi-Pen for centralised storage in Student Services.*

**Medical Health Care Plans and Emergency Care Plans**

It is our policy that Individual Health Care Plans must be developed for students diagnosed with severe asthma, Type 1 diabetes, epilepsy, anaphylaxis, eating disorders and any other disorders or illnesses where the individual students are considered to be at high risk of requiring emergency medical intervention. This describes the specific health care needs of the student and the agreed actions the College will take, including in an emergency situation and any parent notification procedures.

Does your son have a specific emergency plan that has been recommended by a medical practitioner?

Yes

No

If yes, are there any specific steps to be taken in the case of a medical emergency. If you have provided an asthma or anaphylaxis plan or other medical report, you do not need to complete this question. It is the policy of the College that parents are contacted in the event of an emergency.

## DECLARATION AND CONSENT

1. I/We consent to St Patrick's College, Strathfield gaining access to relevant information about my/our son, whether held by previous schools, health care professionals or other government agencies.
2. I/We declare that the information provided is to the best of my/our knowledge and believe, accurate and complete. I/We agree to advise the school of any change to these details.
3. I/We consent to the College administering or supervising the administration of medication to be taken by my/our son as outlined.
4. I/We have provided all necessary information, reports and action plans that are relevant to the medical and health needs of my/our son.

## SIGNATURE

Please print full name

Date

Parent/carer signature

Please return to the College Nurse either in person, via e-mail [healthcentre@spc.nsw.edu.au](mailto:healthcentre@spc.nsw.edu.au) or via post at Private Mail Bag 1 Strathfield NSW 2135. If attaching a document to an e-mail, please send as a separate attachment in PDF format. Please do not embed a photo file into an email.