CONFIDENTIAL MEDICAL INFORMATION - FORM A

For new and current families

***New Families: please ensure you also read and acknowledge our first aid information.**

This information is intended to assist the College in case of any medical emergency involving your child. Medical Management Plans and all other forms are available here. Please return completed form, along with any applicable documentation, to firstaid@gleeson.catholic.edu.au

Student Name:				
Date of Birth:		Year Level:		
Address:				
Suburb:			P/Code:	
Parent/Guardian 1 Name:				
Work phone:		Mobile:		
Parent/Guardian 2 Name:				
Work phone:		Mobile:		
Name of Family Doctor:			Phone:	
Address:				
Medicare Card No.:			Expiry:	
Private Health Fund:			Member No.:	

Medical Condition(s):

Please tick if your child suffers any of the following:

☐ Anxiety disorder	☐ Asthma	☐ Bed wetting	☐ Blackouts
☐ Diabetes	☐ Dizzy spells	☐ Fits of any type	☐ Heart condition
☐ Migraine	☐ SARS	☐ Sleepwalking	☐ Travel Sickness

☐ Other (please elaborate): _____

_____

_____

Allergies:

Does the student have any allergies? Please indicate below:

☐ Penicillin ☐ Other medications: _____

☐ Foods: _____

☐ Other: _____

What special care is recommended?

_____

_____

_____

_____

Medical Management Plan (MMP):

Is there a Medical Management Plan (MMP) in place?	☐ Yes ☐ No
If yes, does the school have a current copy of the MMP?	☐ Yes ☐ No
Does your child require any modifications to the plan?	☐ Yes ☐ No

(if yes, please describe): _____

_____

_____

If no, are you aware of any medical emergency that could arise? If yes, please provide details of the emergency and how to recognise it: ☐ Yes ☐ No

_____

_____

Emergency Treatment: _____

_____

_____

Please provide extra attachments if needed.

Tetanus Immunisation:	Year of last tetanus immunisation: _____ (Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT)).
Tablets/Medicines:	Is your child presently taking any tablets and/or medicine? ☐ Yes ☐ No If yes, please state name of medication, dosage etc: _____ _____ _____ _____ All medication containers must be labelled with your child's name, the dose to be taken, specific storage conditions, and when it should be taken. For customs processes (if applicable), you must enquire with your doctor as to whether it is necessary for your child to carry a letter from the doctor confirming that the medication is prescribed by a registered medical practitioner. If it is necessary or appropriate for your child to carry his or her own medication (for example, asthma puffers or insulin for diabetes), it must be with the knowledge and approval of both the teacher-in-charge and yourself.

CONSENT TO MEDICAL ATTENTION

Where College staff are unable to contact me, or it is otherwise impracticable to contact me, I authorise the College First Aid Officers as my nominees to give consent to the appropriate medical or dental authorities for my child where such authorisation is required, eg. general anaesthetic, blood transfusion, etc. I give this consent on the understanding that the College will, if at all possible, contact me by telephone prior to consenting to the administration of medical or dental treatment by the medical practitioner, dentist or hospital concerned. However, if the medical or detail practitioner considers that the medical or dental treatment should be administered immediately, and the College is unable to contact me, I authorise:

- College First Aid Officers to consent to the administration of medical or dental treatment
- College staff to administer such first aid as the First Aid Officers may judge to be reasonably necessary

In the event of illness or accident, *and in an emergency situation where an ambulance is not available within a reasonable period of time,* I consent to my child being transported to a hospital/medical/ dental clinic or to an ambulance by a College staff member in a school/private car.

I understand that in the event of illness or accident to my child, I will be responsible for all associated costs and charges, including ambulance transportation.

I have also read and hereby acknowledge my understanding of the 'First Aid Information'.

Signature of Parent/Guardian 1: _____ **Date:** / /

Signature of Parent/Guardian 2: _____ **Date:** / /

Please return completed form, along with any applicable documentation, to alana.perks@gleeson.catholic.edu.au