



## HEALTH, LEARNING & WELLBEING FORM

- Calrossy Anglican School collects personal information, including sensitive information about students and parents/guardians before and during the course of a student's enrolment at the School. The primary purpose of collecting this information is to enable Calrossy Anglican School to provide schooling for your child.
- Some of the information we collect is to satisfy Calrossy Anglican School's legal obligations, particularly to enable the School to discharge its duty of care.
- Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health and Child Protection laws.
- Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you provide medical reports about pupils from time to time.
- The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, Government departments, medical practitioners and people providing services to Calrossy Anglican School, including specialist visiting teachers, coaches (sport, drama etc) and volunteers.
- If we do not obtain the information referred to above, we may not be able to enrol or continue enrolment of your child.
- Please refer to the Standard Collection Notice and the Calrossy Anglican School Privacy Policy for detailed information.
- In order to provide the best medical care for your child, it is essential that medical information remain current.
- Please inform the Health Centre staff when any of your details change.



## STUDENT DETAILS

<b>Given Name</b>	<b>Surname</b>		
Address	Postcode		
Date of Birth	Female	Male	Other
Medicare Number	Expiry Date	Position on Card	
Health Care Card Number	Expiry Date		
Private Fund Name	Type of Cover	Membership Number	
	<i>(e.g., dental, optical, physio)</i>		
Ambulance Cover			

### Is the student of Aboriginal or Torres Strait Island origin?

No                      Yes, Torres Strait Islander                      Yes, Aboriginal

### Child's Doctor

Address                      Postcode                      Telephone

### Child's Dentist

Address                      Postcode                      Telephone

### Child's Specialist/s

Address                      Postcode                      Telephone

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## PARENT/GUARDIAN DETAILS

### Parent/Guardian 1

Name

Address                      Postcode

Telephone Home                      Business                      Mobile

Email

Student Name



## Parent/Guardian 2

Name

Address

Postcode

Telephone Home

Business

Mobile

Email

## Emergency Contact 1

In case of emergency, when neither parent can be reached, please contact:

Name

Address

Postcode

Telephone Home

Business

Mobile

Email

Relationship to your child

## Emergency Contact 2

In case of emergency, when neither parent can be reached, please contact:

Name

Address

Postcode

Telephone Home

Business

Mobile

Email

Relationship to your child

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## SECTION 1 - MEDICAL HISTORY

### IMMUNISATION

Have you supplied a copy of the child's most recent Immunisation History Statement including up-to-date COVID vaccination status?

Yes

No

### ALLERGIES

Does your child have any confirmed allergens?

Eg. nuts, bee stings, insects, food, medications, plants, pollen, latex etc

Yes

No

If yes, what is their allergen?

Student Name

# Health, Learning and Wellbeing Form



Please describe their allergic reaction.

Do they require medication for allergies? Yes  No

\*Please provide a current GP signed ASCIA form (from within the last 12 months). You will be required to update this ASCIA Plan annually with your GP and supply the updated plan to the school. See rear of Health Form for template to take to GP if needed.

**Does your child suffer from anaphylaxis?** Yes  No

If yes - Has your child been to hospital due to anaphylaxis in the past two years? Yes  No

-Does your child have an EpiPen? Yes  No

- Please provide the School with an anaphylaxis ASCIA action plan signed by a doctor.
- You will be required to update this ASCIA Plan annually with your GP and provide a copy to the school.
- An Individual Care Plan will be sent to you to complete.
- You are required to supply an in date EpiPen to the School which will be kept in the Health Centre and replace it when the expiry date is reached.**

**PLEASE NOTE THAT THE SCHOOL CANNOT GUARANTEE A NUT FREE ENVIRONMENT.**

However, we do have educational programs for staff in anaphylaxis and students are informed about the danger of anaphylaxis.

## ASTHMA

**Does your child suffer from Asthma, sports induced or seasonal?** Yes  No

If yes -Has your child been to hospital with Asthma in the past 2 years Yes  No

- Please provide a current (from within the last 12 months) Asthma Plan signed by your GP.
- You will be required to update this Asthma Plan annually and provide a copy to the school.
- You will be required to provide the school within date Ventolin and spacer to keep in the Health Centre and replace it when expiry date is reached.

## MEDICAL CONDITIONS

**Does your child have any medical conditions?** Yes  No

Please provide details of the conditions and any relevant documentation or letters from medical professionals.



## MEDICATIONS

**Does your child take medication?**

Yes

No

Please list all prescription and over-the-counter medications below including vitamins, herbal products and creams.

*If your child needs to be administered medications at school, please fill in a Medication Authorisation Form at rear of Health Form and supply this form and labelled medications to the Health Centre.*

## WELLBEING

**Does your child have any prior concerns and/or relevant information which could impact their education experience such as:**

**Diagnosed anxiety, depression, eating disorders, self-harm etc**

Yes

No

If yes, please give details.

**Have you as a parent had any concerns in regards to your child's emotional and mental wellbeing?**

eg. anxiety, diagnosed mental health condition, self-harm, disordered eating, trauma etc.

Yes

No

If yes, please give details.

## FAMILY HISTORY

**Any relevant family medical history?**

Yes

No

If yes, please give details.

**Do any of the following apply to your child?**

Snoring

Yes

No

Sleep Talking

Yes

No

Sleep Walking

Yes

No

Bed Wetting

Yes

No

Student Name



## DIET

**Has your child been placed on a special diet?**

eg. gluten free, lactose free, dairy free etc.

Yes

No

If yes, please give details.

## SPORT

**Please indicate your child's swimming ability.**

Can't swim

Can swim 25 metres

Can swim 50 metres

## SECTION 2 - EDUCATIONAL NEEDS

**Does your child have a known learning difficulty or disability e.g., behavioural, autism, intellectual, physical, health, hearing, vision or emotional?**

Yes

No

Name of disability

Diagnosed by

Date of Diagnosis

Please provide any further relevant details. **\*Please also provide current report for the school.**

## SPEECH

**Does your child have language or speech difficulties?**

Yes

No

If yes, please give details.

## HEARING

**Has your child had a hearing test?**

Yes

No

**Is there a history of hearing or ear problems?**

Yes

No

If yes, please give details.

Student Name



## VISION

Have your child's eyes been tested? Yes  No

Does your child wear glasses, contact lenses, need vision aids etc? Yes  No

If yes, please give details.

## SUPPORT

**Does your child receive support from their current school or external providers, e.g., tutoring, psychologist, occupational therapist, speech pathologist?** If so, please provide details e.g., services involved etc

### Does your child require particular supervision or support with any of the following?

To and from school Yes  No

In the classroom Yes  No

Moving between classrooms Yes  No

In the playground Yes  No

Participation in sport Yes  No

Excursions Yes  No

**Has your child ever had a problem with school attendance?** Yes  No

If yes, please give details.

## MOBILITY

**Are there any issues that need to be addressed by the School?** Yes  No

If yes, please give details.

### Does your child require specialised resources or equipment to do the following?

Access the classrooms e.g., ramps Yes  No

Access the playground Yes  No

Access toilet facilities Yes  No

Access general school facilities e.g., farm, boarding house Yes  No

Student Name



Does your child have any muscular-skeletal disorders? Yes  No

If you answered yes to any of the above, please give details.

## COMMUNICATION

Does your child come from a non-English speaking background? Yes  No

Does your child require devices for effective communication?  
e.g., hearing aids, acoustic considerations, glasses, vision aids, scribes etc Yes  No

If yes, please give details.

## PERSONAL CARE

Does your child need any assistance to manage the following personal care needs?

Toileting Yes  No

Dressing Yes  No

Eating Yes  No

If yes, please provide details.

## SECTION 3 – TREATMENT OF ILLNESSES/INJURIES AT SCHOOL

### MINOR ILLNESSES/INJURIES AT SCHOOL

#### Preschool

- The Director of the Preschool will assess the child and make a report.
- Parent/Guardian will be contacted if further treatment is required.

#### Primary and Secondary Students

- Student to report to William Cowper Campus or Brisbane Street Campus Health Centre where their attendance will be recorded.
- Nurse on duty will assess and treat the student as required.
- Parent/guardian of day students will be contacted if further care is required.
- Boarders will be referred to appropriate health professionals if further care is required and parent/guardian will be notified.





## Minor Injuries

- Student to report to William Cowper Campus or Brisbane Street Campus Health Centre where assessment and first aid will be administered.
- If injured while playing sport, the student should report to their coach/teacher and an accident/injury form filled out.

## SERIOUS ILLNESS/INJURY REQUIRING DOCTOR OR HOSPITAL

- The parent/guardian will be contacted, if possible, according to the information available on the medical form.
- Staff will assess the student and, if required, the student will be transported to the doctor/hospital.
- In an emergency or on the advice of an attending doctor, the student will be taken by ambulance or other suitable vehicle to the nearest available hospital.
- In the event of accident or sudden illness, there may be times when it is not possible to contact parent/guardian. In such circumstances the School Principal or senior staff member should obtain medical advice and authorise medical treatment including administration of anaesthetic for operation or if medical advice indicates it is necessary, for the health and wellbeing of the student.
- Students may be sent home if diagnosed with an infectious or communicable disease such as head lice, mumps, whooping cough, impetigo, ringworm, gastritis, chickenpox or other viral infections.

## MEDICATION PROCEDURES – These apply to the whole school.

### Prescription and restricted medications

- It is imperative that parents inform designated staff/nurse of all medication taken by students and inform in writing via a Medication Authorisation Form provided to the Health Centre.
- All medication taken during the day must be stored at the Health Centre.
- Assistance will be given by the staff/nurse to administer prescription medication when documentation is received from the parent/guardian.
- Medications will be held at the Health Centre and will be administered only if the container states student's name, doses, time of administration and is labelled in the original container.
- All medication administered by school staff/nurse will be recorded.
- Written individual health care plans are put in place for students where required.
- No medications are to be kept in boarding houses by students without the approval of health staff.

### Non-prescription 'over-the-counter' medications

- NO medication may be given to students unless authorised by parent/guardian in writing.
- Any other medication will need to be supplied (in original container) to the staff with the students' name and instructions for use in writing by the parent/guardian.

## PRESCHOOL/PREP STUDENTS

**Medication will only be dispensed to Preschool and Prep-aged children with specific consent below.**

Please give details of specific medication to be held at the Preschool/Prep.

Signature of Parent/Guardian

Date

Student Name



## K-12 STUDENTS

\*The following non-prescription medications are held in the Health Centre and may be dispensed by qualified staff.

Paracetamol	Dry Cough Mixture-Bisolvon	Aloe Vera Gel	Antifungal Cream
Aspirin	Chesty Cough Mixture-Bisolvon	Stingose	Burn Aid
Nurofen	Claratyne	Bonjela Gel	Ventolin
Zaditen Eye Drops	Coloxyl With Senna	Metameucil	Ural
Naprogenic	Betadine	SM 33 Liquid	Phenergan
Hydrolyte	Vicks	Bactroban	Dermaid 1%
Chlorsig Drops	Chlorsig Ointment	Sunscreen	Throat Gargles
Aqua Ear Drops	Hydrogen Peroxide 3%	Hirudoid Cream	Imodium
Telfast 60mgs	Telfast 180mgs	Cerumol Ear Drops	Solosite Gel
Buscopan	Anti-Inflammatory Gel-Voltaren	SOOV	Vitamin C
Mylanta	Dimetapp Day And Night	Throat Lozenges	Multivitamins
Demazin	Immune Defense Vitamins		Kwells

Signature of Parent/Guardian

Date

## MEDICAL CONSENT AND ENROLMENT AGREEMENT FORM

**For my child while he/she is at the School, on excursion or involved in any School activity.**

- I acknowledge all the School medical and health policies and shall uphold them.
- I agree to inform the School of any changes to information contained in this form as and when necessary amendments are required.
- I agree to keep the School informed, in writing, of any current court orders relating to the custody/access/residence of my child.
- I agree that School staff may administer authorised medications to my child, with written consent.
- I agree that School staff may administer first aid to my child.
- I acknowledge responsibility for notifying the School if my child has an infectious or communicable disease.
- I give authority for the School to seek urgent medical, dental, hospital and/or ambulance services for my child.
- I understand this consent shall remain valid unless withdrawn and notified in writing to the School.
- I consent for the School to contact my child's previous school/s and/or medical specialists and health therapists.

Signature of Parent/Guardian

Date

Student Name