



## **STUDENT MEDICAL INFORMATION**

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### **INTRODUCTION**

Medical information is collected strictly for the purpose of providing schooling for your student. The College is bound by the Privacy Act and complies with the Australian Privacy Principles. All information collected is private and confidential and is not released to anyone except for the purpose of providing first aid assistance or when requested by the medical authorities under emergency circumstances only.

Parents are encouraged to inform and provide the College with current and up to date medical information on their student's medical health. This is to ensure that the College is able to provide the appropriate first aid response when and should the need arise.

### **Completing and submission of medical information**

- 1 - This form can be completed digitally.
- 2 - Please download the form before filling in the fields.
- 3 - Return the completed and signed form to the College either at the Health Bay or Grace House reception OR
- 4 - Scan and email the completed form to **healthbay@brisbane.coc.edu.au**

**Note: Ensure that you have your name and signature at the end of the form. This is required for verification and compliance.**



## STUDENT MEDICAL INFORMATION

Surname / Family Name \_\_\_\_\_ Personal Name \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Gender (M / F) \_\_\_\_\_

Student's Mobile \_\_\_\_\_ Student's Home Number In Australia \_\_\_\_\_

Home Address In Australia \_\_\_\_\_ Post Code \_\_\_\_\_

### **HOW CAN THE COLLEGE CONTACT YOU IN CASE OF EMERGENCY:**

**Note:** If you are an **Overseas Student**, you will need to provide the College with a **local** alternate /emergency contact person and details. This is a CRICOS requirement.

Title \_\_\_\_\_ Father's Full Name \_\_\_\_\_

Father's Telephone (Work) \_\_\_\_\_ Father's Mobile \_\_\_\_\_

Home Phone \_\_\_\_\_ email \_\_\_\_\_

Title \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Mother's Telephone (Work) \_\_\_\_\_ Mother's Mobile \_\_\_\_\_

Home Phone \_\_\_\_\_ email \_\_\_\_\_

Title \_\_\_\_\_ Name / Relationship Of 1st Alternate Contact \_\_\_\_\_

Alternate Contact (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

TITLE \_\_\_\_\_ Name / Relationship Of 2nd Alternate Contact \_\_\_\_\_

Alternate Contact (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

Name of family doctor (if avail) \_\_\_\_\_ Clinic name or Phone # \_\_\_\_\_

Please State Student's Medicare Number / Position \_\_\_\_\_

Please Provide Your Private Insurance Details (If Available)

Private Health Provider \_\_\_\_\_ Membership Number / # \_\_\_\_\_

How Does Your Child Travel to School? \_\_\_\_\_

Has your child had the normal childhood vaccinations? \_\_\_\_\_ YES or NO ?

Has your child had a Tetanus Booster in the last 5 years? \_\_\_\_\_ If YES - Date \_\_\_\_\_

Where available, please provide a copy of the student's vaccination records (eg baby book, Medicare or Queensland Health record. Refer to <https://www.qld.gov.au/health/conditions/immunisation/records/index.html> for more information)

Vaccination record attached:  YES  NO  To be provided

Already provided

**DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING? (If YES, please give details)**

Heart Problems	_____	_____
Asthma	_____	_____
Respiratory Problems / Hay Fever	_____	_____
Drug/Ointment Allergies	_____	_____
Food Allergies/Intolerance	_____	_____
Bites & Stings	_____	_____
Diabetes / Hypoglycaemia	_____	_____
Recent Operations / Illness	_____	_____
Phobias	_____	_____
Visual - glasses/contacts	_____	_____
Hearing problems/aids	_____	_____
HIV, Hepatitis A, B, C etc	_____	_____
ADD, ADHD etc	_____	_____
Eczema	_____	_____
Headaches / Migraines	_____	_____
Travel Sickness	_____	_____
Period Pain	_____	_____
Anxiety	_____	_____
Others (Pls specify)	_____	_____

**FURTHER MEDICAL INFORMATION**

Specify medical condition / allergy	_____
Intolerance or behavioural reaction to food	_____
Symptoms experienced by child	_____
Actions you would like the school to take on behalf of your child	_____
Medication your child is on (both at home and school. Please give details of any regular medicines taken including dosage, frequency etc)	_____
Any side effects your child may experience from their medication	_____

## **Hospitalisation**

Has your child been hospitalised (**YES OR NO**, select from drop down list)

IF YOU ANSWERED "YES" - PLEASE PROVIDE DETAILS (including the date, reason and prognosis)

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## **PARENTAL CONSENT FOR THE COLLEGE TO ADMINISTER PARACETAMOL AND VENTOLIN TO STUDENT**

I give my permission for the College to give medical assistance where necessary

I give my permission for my child to be administered

Paracetamol       YES                       NO

Ventolin             YES                       NO

### **PLEASE NOTE:**

- 1) Asthma medication and Epi Pens are the only medication students are permitted to keep with them
- 2) Parents must present and sign in all medication to the Health Bay at the start of the day.
- 3) \*\*Homestay students must give all medications to homestay parents on arrival.  
(\* - applies to Overseas Students in Homestay)

Medications such as Naprogesic, Nurofen and Anti-histamines may be kept at Health Bay or Secondary Resource room for use with Parental Permission. **(Parental Consent Form must be completed and returned to the College. This Form is available in Health Bay)**

Additional medical information (if any) \_\_\_\_\_

**Please print a copy of this medical information for your personal record and return a completed copy to the College. Remember to update the College should your child's health needs change.**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_