



### **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@citipointe.qld.edu.au](mailto:healthbay@citipointe.qld.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

Citipointe Christian College

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:

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 Of 1st Alternate Contact \_\_\_\_\_  
Alternate Contact (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

TITLE \_\_\_\_\_ Name 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? \_\_\_\_\_

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)

---

## **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 (If Yes, please complete Parental Consent form attached)
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 attached below or 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) \_\_\_\_\_



# PARENTAL REQUEST FOR FIRST AID OFFICERS TO ADMINISTER PRN (AS NEEDED) MEDICATION TO STUDENTS.

<b>Student's Name:</b>  <b>Date:</b> .....	Surname <input style="width: 150px; height: 20px;" type="text"/> Class <input style="width: 60px; height: 20px;" type="text"/>  Given name <input style="width: 150px; height: 20px;" type="text"/>
--	---

<b>Medication to be given to Student during school hours:</b>  As authorised by parent  OR  Prescribed by Medical Practitioner	Name of Medication <input style="width: 100%; height: 20px;" type="text"/>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Exact dose</td> <td style="width: 50%; border: none;">Time</td> </tr> <tr> <td style="border: none;"><input style="width: 90%; height: 20px;" type="text"/></td> <td style="border: none;"><input style="width: 90%; height: 20px;" type="text"/></td> </tr> </table> Referring doctor <input style="width: 100%; height: 20px;" type="text"/>  Condition for which medication is being administered <input style="width: 100%; height: 20px;" type="text"/>  Side effects, if any, school staff should be aware of <input style="width: 100%; height: 20px;" type="text"/>  Amount of medication being left at Health Bay <input style="width: 100%; height: 20px;" type="text"/>  <p style="text-align: center; font-size: small;"><i>Medication has been supplied in original container with clear instructions provided by the pharmacist.</i></p> <p style="text-align: center;"> <input type="checkbox"/> YES                      <input type="checkbox"/> NO       </p>	Exact dose	Time	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
Exact dose	Time				
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>				

<b>I authorise my child to Self administer</b>	Insulin via injection      Insulin Pump      Epipen Or pen
--	---

*I acknowledge that I have read and understood the guidelines provided to me authorising the school to administer the above medication.*

Parent/Guardian name. (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For the College to administer medication the Health (Drug and Poisons) Regulation 1996 QLD requires the parent to:**

- notify the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side affects or adverse reactions.
- **Paracetamol** provided by College, recommended dose as per child age.
- All other medication need to be provided in **original pharmacy labelled container** to the school.
- Ensure medication is not out of date and has an original pharmacy label with students name, dosage and times to be taken.
- Notify the College in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist.
- Inform the College that the student has received a dose at home without ill effect.
- Advise the College in writing and collect the medication when it is no longer required at school.
- Where parents are working with a health practitioner to determine a dose for that day, parents will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the school of the adjusted dose.
- Review this form annually or as the student is prescribed a change of medication.