



Citipointe
Christian College

Overseas Student Medical Information

STUDENT MEDICAL INFORMATION



Citipointe
Christian College
INTERNATIONAL

INTRODUCTION

Medical information is collected strictly for the purpose of providing first aid 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 if, and when the need arises.

Completing and submission of medical information

1. This form can be completed digitally, or download and print a copy of the form to fill in.
2. Return the completed and signed form to the College either at the Health Bay or Grace House Reception, or
3. Scan and email the completed form to 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.

Please allow the College two working days to update information.

MEDICATION

Medication is only able to be administered by the College if a Medical Authorisation has been provided to the College.

Paracetamol (e.g. Panadol, Herron, Panamax) Only paracetamol which has been prescribed to the student by a medical practitioner and labelled accordingly can be administered by College staff.

A letter from the parent to administer medication will not suffice if medical authorisation cannot be confirmed. The parent should be advised that until medical authorisation can be confirmed, if they wish their child to receive medication during school hours, they will have to attend the school to take the responsibility for its administration.

For the College to be able to administer medication parents must complete *FORM 06 – Administration of Medication at the College* and submit it along with the appropriate Medical Authorisation to Health Bay.

Under the Medicines and Poisons (Medicines) Regulation 2021 (Qld) the college is only able to administer the following medicines without medical authorisation in emergency situations.

- adrenaline auto-injector (Epi-Pen)
- inhaled asthma reliever (does not include Schedule 4 [S4] asthma preventive medication)
- naloxone
- glyceryl trinitrate



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OVERSEAS STUDENT MEDICAL INFORMATION

Student: Surname _____ Full Name _____
 Date of Birth (dd/mm/yyyy) _____ Gender Male Female
 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?

Father: Title _____ Name & Surname _____
 Telephone (Work) _____ Mobile _____
 Telephone (Home) _____ Email _____

Mother: Title _____ Name & Surname _____
 Telephone (Work) _____ Mobile _____
 Telephone (Home) _____ Email _____

1st Alternate Contact: Name & Surname: _____
 Relationship to Student _____ Mobile _____

2nd Alternate Contact: Name & Surname: _____
 Relationship to Student _____ Mobile _____

How does your student travel to school? _____
 (i.e. parent's car, school bus, public transport, walking or cycling)

IN THE EVENT OF AN EMERGENCY EVACUATION OF THE SCHOOL PREMISES FOR ANY REASON, PLEASE INDICATE YOUR EMERGENCY EVACUATION TRANSPORT PREFERENCE:

- Category A** – Students authorised to leave immediately via walking or cycling. (Public transport is NOT PERMITTED)
- Category B** – Students traveling by College Bus. Students to be released to their bus if capable, younger students to be collected by a staff member to escort to the bus area.
- Category C** – Students for immediate collection by parent or delegate*.
- Category D** – Students who will remain at school to be collected by a parent or delegate* at a later time.

***Delegate:** Name & Surname: _____
 Relationship to Student _____ Mobile _____

Name of Family Doctor (if available) _____
 Clinic Name _____ Phone _____
 Student's Medicare Number _____ Position _____ Expiry Date _____
 Private Health Provider _____ Membership Number _____

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

Anaphylaxis	_____
Respiratory problems	_____
• Asthma/Hay fever	_____
Allergies	_____
• Bites/stings	_____
• Food allergies/intolerance	_____
• Drug/Ointment allergies	_____
Diabetes/Hypoglycaemia	_____
Epilepsy	_____
Heart problems/ Blood disorders	_____
Renal problems	_____
Sensory	
• Visual i.e. glasses	_____
• Hearing/impairments	_____
• Skin/ Eczema	_____
• Speech/impairments	_____
Headaches/ Migraines	_____
Psychological/Anxiety/Phobias	_____
Other emotional problems	_____
Joint/Other skeletal information	_____
Learning difficulties/ADD/ADHD etc.	_____
HIV, Hepatitis A, B, C etc.	_____
Travel Sickness	_____
Period Pain	_____
Recent Operations / Other illness	_____
Any other (please specify)	_____

FURTHER MEDICAL INFORMATION

Any further important medical information about your student

MEDICATION

Medication your student is taking

Any side effects your student may experience from their medication

Medication is only able to be administered at the College if a Medical Authorisation has been provided to the College. Please complete *FORM 06 – Administration of Medication at the College* and submit it along with the appropriate Medical Authorisation to Health Bay. if medication needs to be administered to your child during school hours.

HOSPITALISATION

Details of any major surgeries or serious illnesses **and** hospitalisation in the last 3 years (including the date, reason and prognosis)

Immunisation Records

Where available, please provide a copy of the student's vaccination records Refer to <https://www.qld.gov.au/health/conditions/immunisation/records/index.html> for more information

Food or Dietary Requirements

- Intolerance to food _____
- Behavioural reaction _____
- Food preferences _____

Parent/Guardian Signature _____

Parent/Guardian Name _____ Date (dd/mm/yyyy) _____

Students in Homestay must have medical form signed by their parent/guardian – not Homestay Parent.

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 student's health needs change.



FORM 06 – Administration of Medication at the College

Student's Full Name:			
Year Level:		Date of Birth:	
Address:			
Medicare Number		Card Expiry Date:	

Please tick the relevant box.

Asthma Reliever and Adrenaline Auto-Injectors (EpiPens) – This form can be signed by the PARENT only. The parent must provide an Action/Care Plan from the child's doctor. **Asthma Reliever Medication and Epi Pens are the only medication students are permitted to keep with them.**

Short-term Medication – prescribed for less than 30 days: from...../...../..... to...../...../.....

This is medication for an illness expected of short duration of less than 30 days. This form can be signed by the PARENT only. The medication must be prescribed by a doctor and labelled accordingly. The medication must have a **Medical Authorisation** accompanying it. The required **Medical Authorisation** for short-term medication is:

the medication (in its original packaging) with a completed current pharmacy label (that indicates that it is prescribed medication.

The medication must be prescribed by a doctor and labelled accordingly.

PRN Medication - medication to be administered as the situation calls for it. This may include medication such as Paracetamol (e.g. Panadol, Herron, Panamax) and antihistamines. This form can be signed by the PARENT only. A new form is required each school calendar year. The medication must be prescribed by a doctor and labelled accordingly. The medication must have a **Medical Authorisation** accompanying it. The required **Medical Authorisation** for short-term medication is:

the medication (in its original packaging) with a completed current pharmacy label (that indicates that it is prescribed medication.

The medication must be prescribed by a doctor and labelled accordingly.

Long-term Medication - prescribed for more than 30 days: from...../...../..... to...../...../.....

This form **MUST** be completed and signed by the **DOCTOR** or accompanied with an **ACTION/CARE PLAN** which has been signed by the doctor. A new form is required each school calendar year. The medication must have a **Medical Authorisation** accompanying it. The required **Medical authorisation** for long-term medication is:

- **This form completed and signed by a doctor or**
- **An Action/Care Plan completed and signed by a doctor**

The medication must be prescribed by a doctor and labelled accordingly.

NOTE: Only paracetamol which has been prescribed to the student by a medical practitioner and labelled accordingly will be administered.

A letter from the parent to administer medication will not suffice if medical authorisation cannot be confirmed. The parent should be advised that until medical authorisation can be confirmed, if they wish their child to receive medication during school hours, they will have to attend the school to take the responsibility for its administration.

1. Medical condition(s) of the child requiring regular treatment:

2. Essential medication requiring administration during school hours (attached separate sheet if needed):

Medication Name	dosage	Time/s of dosage	Special Instructions	Self-admin (Yes/No)	

3. Recommended restrictions on participation in school activities (e.g. sport, use of tools or machinery):

4. Recommended procedure in emergency/crisis situation:

5. Additional comments:

Consent by parent:

- I understand it is my responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement.
- I understand medication label must be issued for this event period (*i.e. date on packaging must be relevant to request period*)
- For asthma relievers & PRN medication this form is valid up to December 31 of the current year or until date of expiry (whichever is sooner).
- I understand that the information provided may be discussed by the Principal/or delegate with other members of college staff.
- I hereby give permission to the Principal/or delegate, at their discretion, to obtain relevant information from the Prescribing Doctor.
- I agree to collect any unused or expired medication from the college. (Medications will not be sent home with student)
- I authorize the school to provide to ambulance / hospital authorities or qualified medical practitioner(s) information concerning any of the medications or conditions identified above.
- I accept and agree to observe the conditions imposed by the college and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medication.
- I understand the college staff administering the medication are not medical practitioners

If the MEDICATION is prescribed for more than 30 days this form MUST also be signed by your child’s doctor or a completed Action/Care Plan, signed by a doctor, MUST be attached.

Signature of Parent/Guardian:	
Name:	
Date:	

Signature of Doctor	
Name:	
Medical Practice	
Date:	
Contact No:	