

FORM 01 – Student Medical Information



STUDENT MEDICAL INFORMATION

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



STUDENT MEDICAL INFORMATION

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

Parent 1: Title _____ Name & Surname _____
Telephone (Work) _____ Mobile _____
Telephone (Home) _____ Email _____

Parent 2: 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 their own means.
- 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 _____

By signing this form, you give consent for the medical information supplied to be disclosed to College Staff and College Homestay parents (if applicable).

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.