



FORM 1 STUDENT HEALTH CARE SUMMARY

SECTION A

Year	Form	Teacher
Student's name		
Date of birth (dd/mm/yy)	/ /	Gender Male Female Not Specified
Address		
Postcode		

FAMILY CONTACT DETAILS

Name

Relationship to student

Address

Postcode

Telephone (Home) **Telephone (Work)**

Telephone (Mobile)

Name

Relationship to student

Address

Postcode

Telephone (Home) **Telephone (Work)**

Telephone (Mobile)

MEDICAL DETAILS

Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

Do you have ambulance insurance? YES NO - *If yes, specify insurance provider:*

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. allergy to penicillin.

Medicare Card number

Medicare Card Individual
Reference Number (IRN)

Expiry date (dd/mm/yy) / /

ADMINISTRATION OF MEDICATION

Written authorisation must be provided for staff to administer any form of medication at school.

Long term medication – Complete the *Medication* section of the relevant health care plan – see below.

Short term medication – Request an *Administration of Medication form* to complete and return to the Principal or class teacher.

Note: All medication required must be supplied by parents/carers.

INFORMED CONSENT

Your child's health care information will be shared with staff on a need to know basis unless otherwise stated.

Do you give permission for the school to share your child's health care information? YES NO

Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.

If no, and the information is to be restricted, who can be informed of your child's health care information?

Does your child have one or more health condition(s) that will require support from school staff? (Check the box that applies)

NO - Sign below and return *Section A* of this form to the school office. If your child's requirements change, please notify the school.

Signature Date / /

YES - Complete the remainder of this form and return to the school office. You will be given additional forms to complete.

List your child's health condition(s)

