



**Medical Conditions or Issues**

<u>Condition</u>	<u>Treatment</u>

**Immunisation Information**

<u>Details</u>	<u>Year</u>

**Other relevant details**

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**Medical History**

<u>Description</u>	<u>Year</u>

**Medications Authorised to be Administered by a Doctor or by the student**

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>

## Procedures in Event of Accident or Illness

### Minor ailments

The student will report to the Sick Bay where her attendance will be recorded on the daily register, in personal medical records and attendance noted in the student's diary if presented.

The School Staff on duty will assess and treat the student as required. If further care is required, parents will be notified.

### Minor Injuries

Student to report to the Sick Bay where assessment and first aid will be administered.

If the student is injured whilst playing sport, she should report to the coach/teacher in the first instance and then to the School Nurse on duty.

Treatments as above will be documented in the daily register, personal medical records and, if presented, attendance noted in the student's diary.

### Serious Illness/Injury requiring doctor or hospital

The parent/guardian will be contacted if at all possible according to the information available on the medical form.

General Aid will be administered by School Staff that are immediately present.

In an emergency or on the advice of an attending doctor, the student will be taken by ambulance or other suitable vehicle to the nearest available hospital.

## Medication Procedure

Due to Department of Health regulations, no medication may be given to students unless authorised by parents.

It is imperative that the school be aware of all medications taken by students.

No assistance will be given by the School Staff in the administration of prescription medication when documentation is received from parents.

Instructions of change to the original dose must be in writing from prescribing doctor.

Short-term prescription medication will only be administered if the container states: name, dose labelled in the original container.

All medications administered by the School Nurse or any other staff member will be recorded.

## Privacy Statement

The information in this form is only used and disclosed for the purpose of assessing a student's needs and providing her with appropriate care and medical treatment while she is under direct or indirect care or control of the School.

It may be disclosed to School staff, medical practitioners and other people or organisations where it is felt necessary for the protection of the student's health and well being. You may gain access to this information at any time by contacting the School and should revise it as necessary to keep it up to date.

If you fail to provide information or provide incorrect information, this may prevent the School from providing proper care for the student.

## Consent

To: *Headmaster*

I/We \_\_\_\_\_ (Parent/Guardian - please print names)

Being the Parent/Guardian of \_\_\_\_\_ (please print name of student)

Consent to the administration of medications specified in this form and any others as notified by me/us in writing, as required, and also provide the information as requested in this form.

I/We authorise you in the event of injury or illness of our daughter to follow the Procedures set out above.

I/We confirm that all information on this form, as amended by myself/us, is accurate and up to date.

I/We undertake to inform you of any changes to the information contained in this form as and when necessary.

I/We understand that any prescription medication will not be administered by school staff but, I give approval for my child to self administer in the Administration Office in the presence of a Staff Member.

This consent shall remain valid unless withdrawn and notified by myself/us in writing to the school.

**Signed:** \_\_\_\_\_ (Parent / Guardian) **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signed:** \_\_\_\_\_ (Parent / Guardian) **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_