



Surname: _____ Given Names: _____

Date of Birth: _____ Gender: _____

Medicare Number: _____ Expiry Date: _____

Health Insurance Provider: _____ Membership Number: _____

Preferred Hospital (*in case of hospital admission due to illness or injury*)

- Gold Coast Hospitals: University/Robina Logan Hospital Pindara Private Hospital
 Gold Coast Private Hospital Other Hospital: _____

MEDICAL HISTORY

Parents please notify the Administration Office of any changes to this information.

Medical Conditions: Does your child have a medical condition? Please indicate Yes or No (*tick ✓*). If your response is **yes**, then please provide further information and details from your Doctor or Health Professional (use a separate page if necessary). **Has the above named student ever suffered from:**

Asthma (past or present): No Yes **If yes**, please provide an Asthma Management Plan.

Allergies (eg Foods, Plants, Insects, Medicine other): No Yes Provide further details (including a treatment plan): _____

Anaphylaxis: No Yes **If yes**, please provide an Anaphylaxis Management Plan from your Doctor/Specialist. Further details - Allergic to: _____

EpiPen: No Yes

Diabetes: No Yes Further details and treatment: _____

Epilepsy: No Yes Further details and treatment: _____

Heart Condition: No Yes Further details and treatment: _____

Possible Fatal Condition: No Yes Further details and treatment: _____

Surgery: No Yes Further details - type of surgery and date: _____

Behavioural Issues (eg: ADD/ADHD etc): No Yes Details: _____

COOMERA ANGLICAN COLLEGE - STUDENT MEDICAL FORM

Disabilities (eg: Hearing/Vision Impairment, Speech/Language Impairment, Physical/Intellectual Impairment, ASD)

No Yes Further details: _____

Other Medical Conditions: _____

REGULAR MEDICATION

Any treatment instructions or medication procedure required at College must be provided in writing by a medical professional. **Is your child taking regular medication:** No Yes **Provide details**

Medication Name: _____ Dosage: _____

Condition: _____ Doctors Instructions: _____

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Condition: _____ Doctors Instructions: _____

Please ensure medication is provided in its original container and clearly labelled with child's name and dosage requirements (pharmacist label) and handed to Reception. No medication is to be kept with the child while at College except for Epi Pens and Ventolin Inhalers. (see below re: analgesics)

MEDICAL CONTACTS

Name of General Practitioner: _____ Telephone: _____

Name of Specialist Doctor: _____ Telephone: _____

(Please specify eg: Paediatrician): _____

ANALGESICS

Due to legal constraints, Coomera Anglican College staff or camp staff, cannot administer analgesics (Panadol, Aspirin etc) without prior written consent of a parent/guardian. Please supply the College with a packet of paracetamol with a pharmacist label including your child's name and dosage and a letter giving permission for College Nurse or First Aid Officer to administer analgesics if you wish for your child to have analgesics at school or on school camp. **Please note this does not apply to children in Outside School Hours Care or the Early Learning Centre.**

IMMUNISATION

Coomera Anglican College will no longer offer positions to children who are not vaccinated/immunised in accordance with the vaccination milestones under the National Immunisation Program Schedule.

Has this student been fully immunised? Yes No This question **must** be answered.

All families are asked to provide a copy of their child's current Immunisation status issued by the Australian Childhood Immunisation Register (ACIR).

This statement must show that your child's immunisation status is up to date. If a child is not fully vaccinated, but is on a recognised vaccination catch-up schedule, or has a documented medical exemption, their Immunisation History Statement will show as up to date.

The Red Book, or Personal Health Record from Queensland Health is a good record for parents however it is not recognised as an official documentation as proof of vaccination and will not be accepted.

COOMERA ANGLICAN COLLEGE - STUDENT MEDICAL FORM

Parents can obtain an immunisation history statement from ACIR for their child free of charge, at any time:

- Through Medicare Online Services, visit www.humanservices.gov.au/customer/services/medicare/medicare-online-accounts
- Through the Medicare Express App, available for download from Google Play and iTunes stores
- By emailing acir@medicareaustralia.gov.au supplying the child’s full name, date of birth and Medicare number
- By calling at the Australian Childhood Immunisation Register on 1800 653 809
- In person at a local Medicare Service Centre. To find your nearest office, visit <http://humanservices.findnearest.com.au>

BLOOD GROUP (if known please indicate - ✓)

A+ <input type="checkbox"/>	B+ <input type="checkbox"/>	O+ <input type="checkbox"/>	AB+ <input type="checkbox"/>
A- <input type="checkbox"/>	B- <input type="checkbox"/>	O- <input type="checkbox"/>	AB- <input type="checkbox"/>

SWIMMING ABILITY (if known please indicate - ✓ - the swimming capabilities of this student. This is not applicable for Early Learning Centre students)

Excellent (able to swim 50m confidently) <input type="checkbox"/>	Good (able to swim 25m confidently) <input type="checkbox"/>
Developing (confident to swim average domestic pool only) <input type="checkbox"/>	Unable (no more than dog paddle) <input type="checkbox"/>

AUTHORITY

I understand that, should such circumstances arise, College staff will endeavour to contact me by telephone in the first instance. I hereby authorise the College staff to obtain any medical or associated assistance which they deem to be necessary should any medical condition or accident occurs. I further authorise qualified practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions if such an eventuality should arise.

I agree to the transportation of my child to a hospital by ambulance.

I agree to pay medical, dental and/or pharmaceutical expenses incurred on behalf of this student, which are not covered by my medical benefits fund.

In line with current legislation I acknowledge that no medication will be dispensed to my child without a current Administration of Medication form being completed by me as parent/guardian.

I understand that the personal information provided in this form will only be used in relation to health services to my child. The information will not otherwise be used or disclosed unless it is allowed or required by law or we have obtained specific consent.

Individuals have a right to access their own personal information by contacting our Privacy Officer.

If all of the information requested on this form is not provided, it may affect the ability of the College to facilitate emergency or other health care.

Providing false or incomplete information, and non-disclosure of any medical conditions and professional advice regarding the treatment/management of these is a breach of enrolment conditions and could result in the cancellation of an enrolment.

In the event of an emergency, we authorise College staff to administer life-saving medication - for example epipen or ventolin.

Parent/Guardian Authorisation:

Parent Guardian Name: _____

Parent Guardian Signature: _____

Date: _____