



Edmund Rice College

STUDENT MEDICAL INFORMATION AND HEALTH CONDITIONS - 2024

It is essential you inform the College of any medical and health conditions for your son. This must include any known allergies. You should also contact the College as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist the College to support the safety and wellbeing of your son and allow planning to occur to determine the best way to meet the individual health and support needs of your son. This is important information for your son's safe participation at the College.

PERSONAL DETAILS:

Student Surname	Given Name	Date of Birth	Year Group
Address where student resides:			
Carer 1 Name:		Contact Number:	
Carer 2 Name:		Contact Number:	

STUDENT EMERGENCY CONTACTS:

This section should **ONLY** be filled out if **THIS** student has emergency contacts other than the Prime Family Emergency Contacts.

	Name	Relationship (Neighbour, Relative, Friend, Other)	Telephone Contact
1			
2			

STUDENT MEDICAL DETAILS AND HEALTH CONDITIONS:

Please provide the name, address and phone number of any doctor or medical specialist who may currently be treating your son for any allergy or other medical condition you may list when completing this section. Attach an additional page if required:

Student's Medicare Number	Medicare card valid date	Medicare card Ref No.
□ □ □ □ □ □ □ □ □ □	□ □ / □ □ □ □	□ □

Doctor's Name / Medical Centre:	
Doctor's Address:	Doctor's Phone Number:

Allergy / Medical Condition	Doctor's Name	Address	Telephone

If your son has a documented plan to support any health or medical needs from a previous College or organisation (e.g. Primary College, occasional care, etc.) please provide it to the College as an attachment to this form.

SECTION 1: ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (e.g. NUTS, EGGS, PEANUTS) OR OTHER

*If your son has an allergy, please specify below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages and attach to the back of this form. For any **additional allergies** your son has, **please answer each of the 11 questions** (where applicable) on a separate page for each allergy. Attach this additional information to the back of this form.*

Allergy to:

1. Has a doctor diagnosed this allergy? Yes No 2. Is this a severe allergy (anaphylaxis)? Yes No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has your son been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? Yes No

4. If yes, which hospital?

5. Does your son have an ASCIA Action Plan for Anaphylaxis? Yes No 6. If yes, is this plan attached? Yes No

7. Has your son been prescribed an adrenaline autoinjector (i.e. EpiPen)? Yes No

8. What is the expiry date of the adrenaline autoinjector that will be provided to the College? ____ / ____ / ____
month / Year

If your son has been prescribed an adrenaline autoinjector, you will need to provide the College with one or provide a note stating that the student will carry one in his College bag (and renew prior to expiry date).

Each time your son is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that any updated plan is provided to the College.

9. Does your son have an ASCIA Action Plan for Allergic Reactions? Yes No

10. If yes, is this plan attached? Yes No

It is important that any updated plan is provided to the College.

11. Please list any other medication prescribed for this allergy

Parents who require their son to be administered prescribed medication at College must complete a written request. The College can provide you with a copy of a request form.

SECTION 2: MEDICAL CONDITIONS (OTHER THAN ALLERGIES AND ANAPHYLAXIS [e.g. ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY])

Please identify and provide details below of any other medical condition for which your son is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).

Medical condition:

1. Has a doctor diagnosed this condition? Yes No

2. Has your son been hospitalised with this condition? Yes No

3. If yes, which hospital?

4. Does your son have a documented action plan from a doctor (e.g. asthma action plan)? Yes No

5. If yes, is this plan attached? Yes No

6. Is your son taking prescribed medication for this condition? Yes No

7. If yes, what is the prescribed medication?

Parents who require their son to be administered prescribed medication at College must complete a written request. The College can provide you with a copy of a request form.

SECTION 3: SPECIAL DIETARY REQUIREMENTS

Vegetarian

Vegan

No Pork / Beef

No Dairy Products

Gluten Free

Other _____

SECTION 4: SWIMMING ABILITY

<input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Weak swimmer (<50m)	<input type="checkbox"/> Fair swimmer (50-100m)	<input type="checkbox"/> Strong swimmer (200m+)
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CONSENT

In the case of my son requiring medical treatment or in the case of a medical emergency, I consent to the College providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the College, where it is impracticable to communicate with me, to arrange for my son to receive such medical or surgical treatment as may be deemed necessary, including transport by ambulance. I consent to my son's doctor or medical specialist being contacted by medical personnel in an emergency.

Parent/Carer Signature:

Date:

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