



SCOTS ALL SAINTS
COLLEGE

Medical History and Consent Form

Student's surname (please print)					First names				
Date of birth / /					School year group				
Date of birth / /					Date of entry / /				
Date of birth / /					Day student/Boarder				
Mother's Name					Email				
Address					Phone (H) (W)				
Post code					Mobile Fax				
Father's Name					Email				
Address					Phone (H) (W)				
Post code					Mobile Fax				
Medicare number				Expiry Date	Month	Year	Position on card		
Private Health Fund				Emergency and or/guardian name, address, phone (other then listed above)					
Doctor's Name				Dentist/Orthodontist					
Phone				Phone					
Please state briefly any MEDICATIONS, HEALTH ISSUES, MEDICAL ALERTS or SPECIAL NEEDS that staff need to be aware of.									
Information on this page will be photocopied and sent to the Head of House, Counsellor, relevant teaching staff. Please sign here if you do NOT want this information sent to the above staff. SIGN:									

MEDICAL CONSENT

To: The Head of College

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 Section One (over page) and any others as notified by me/us in writing as required and also provide the information as requested in Section Two of this form.

I/we authorise you in the event of injury to or illness of our child/ward, to follow the procedure(s) set out in Section One (over page) of this consent.

I/we undertake to inform you of any changes to the information contained in this form as and when is necessary. This consent shall remain valid unless withdrawn and notified by myself/us in writing to the College.

Signed _____ Date _____ (parent/guardian)

Signed _____ Date _____ (parent/guardian)

SCHOOL PROCEDURES IN EVENT OF ACCIDENT OR ILLNESS

Minor ailment

- The student will report to the health centre where his/her attendance will be recorded on the daily register.
- The registered nurse on duty will assess and treat the student as required. If further care is required for day students, parents will be notified.

Minor injuries

- Student to report to the health centre where assessment and first aid will be administered.
- If the student is injured whilst playing sport he/she should report to the coach/teacher in the first instance and then to the registered nurse on duty.
- Treatments will be documented in personal medical records and in the student's diary if presented.

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.
- The school nurse will be called to the site of the injury/illness if at all possible and/or, if appropriate, the student transferred to the health centre where first aid will be administered.
- The nurse on duty or other member of school staff (if the nurse is not available) will assess the student and if required the student will be transported to the doctor/hospital.
- 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.
- In the event of injury or illness to a student requiring urgent hospital or medical treatment including but not limited to injections, blood transfusions and the like and where a parent or guardian is not readily available to authorise such treatment the school nurse or other member of school staff (if the nurse is not available) is authorised to give the necessary authority for such treatment without the school or such staff member or any other employee or agent of the school incurring any liability to the student, parent or guardian in so doing.
- The parents or guardians agree to be liable for and indemnify the school, its employees and agents in respect of all costs and expenses arising directly or indirectly out of such treatment.

Medication procedures

- Parents are requested to inform the health centre of any medications being taken by students.
- All medications taken during the school day should be stored in the health centre unless other arrangements are made with nursing staff.
- All medications administered by the school nurse will be recorded.

Prescription and restricted medications

- Assistance will be given by the school nurse in the administration of prescribed medication, when requested in writing by parents/guardians or as prescribed by the school doctor.
- Assistance will be given by the school nurse in the administration of restricted medication (such as Ritalin, Dexamphetamine) after receiving documentation from the doctor and parent.
- Instructions regarding changes to the original dosage of long term or restricted medications must be in writing from the doctor and parent/guardian.
- The school nurse may only administer or assist with the administration of any medication IF the medication is provided in its original container with label clearly displaying the student's name and the required dosage.
- All medications will be stored in a locked cupboard in the health centre.

Non-prescription or 'over-the-counter' medications

The following non-prescription medications are held in the health centre for the relief of minor pain, coughs, colds, fever. Please sign beside each medication that you authorise us to administer to your child if required

Panadol (paracetamol) _____	Panadeine _____
Aspirin _____	Nurofen _____
Eye Drops _____	Nurofen Plus _____
Vitamins _____	Naprogesic Medications Cold & Flu _____
Claratyne _____	Gastrolyte _____
Phenergan _____	Mylanta _____
Cough Mixture _____	Travel sickness tablets _____

Please write below any other non-prescription medications that your child may need and the name of the condition

For the relief of minor allergies the following medications may be given. Please sign beside each medication that you authorise us to give your child if required.

Telfast _____ Sudafed _____

1. IMMUNISATION RECORD

Please attach a current vaccination record or Doctor's Certificate or Conscientious Objectors Form.

2. CHILDHOOD DISEASES

 please tick any which the student has had

- Chicken pox Glandular Fever Mumps Rubella (German Measles)
 Croup Whooping Cough Measles Rheumatic fever
 Other (please specify) _____

3. MEDICAL HISTORY

 does the student suffer from:

Diabetes? YES or NO Epilepsy? YES or NO

Other health issues that the school should be aware of (eg. Special needs or disability, learning difficulties/problems, fainting, Hepatitis B carrier, incontinence):

4. ANY COUNSELLING OR PSYCHOLOGICAL ISSUES THE SCHOOL SHOULD BE AWARE OF

5. PRESCRIPTION MEDICATIONS

 list any prescription medications that your child is currently taking.

Medication	Dosage	Frequency

6. ALLERGIES AND TREATMENT REQUIRED

MEDICATIONS _____

FOOD _____

INSECTS _____

OTHER _____

7. OPERATIONS AND OTHER INJURIES

8. CURRENT TREATMENTS THAT THE SCHOOL SHOULD BE AWARE OF

9. DOES YOUR CHILD HAVE HEARING OR SIGHT DIFFICULTIES eg glasses

10. DO YOU REQUIRE AN APPOINTMENT WITH

 the School Nurse or Counsellor

11. ASTHMA HISTORY (Please provide an Asthma Action Plan annually)

Does your child suffer from asthma? YES or NO

If yes has your child been to hospital due to asthma in the past two years? YES or NO

Has your child been treated with oral cortisone in the past 12 months? YES or NO

Does your child have an asthma action plan? (if yes please attach) YES or NO

Student's current reliever is _____ Current preventer _____

Other medication taken for asthma? _____

Student Asthma Record (to be completed for all students with asthma)

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick (/) the appropriate box, and print your answers clearly in the blank spaces where indicated.

Personal Details

Student's name: Gender: M F
(SURNAME) (FIRST NAME)
 Date of birth: / / Form/Class: Teacher:.....
 Emergency contact (e.g. parent, carer):
 a. Name Relationship
 Telephone No: (Hm)..... (Wk).....
 b. Name Relationship
 Telephone No: (Hm)..... (Wk).....
 Doctor: Telephone No.

Usual Asthma Management Plan

Child's symptoms (e.g. cough):

Triggers (e.g. exercise, pollens):

Medication requirements:

Name of Medication	Method (e.g. puffer & spacer, turbuhaler)	When, and how much?
.....
.....
.....

In an **Emergency** follow the Plan below that has been ticked (✓)

Standard Asthma First Aid Plan Please tick (✓) the preferred box

Step 1 Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
Step 2 Give 4 puffs of a blue reliever puffer (Aiomir, Asmol, Epaq or Ventolin), one puff at a time, preferably through a spacer device*. Ask the student to take 4 breaths from the spacer after each puff.
Step 3 Wait 4 minutes.
Step 4 If there is little or no improvement, repeat steps 2 and 3.
 If there is still little or no improvement, call an ambulance immediately (Dial 000).
 Continue to repeat steps 2 and 3 while waiting for the ambulance.
 * Use a blue reliever puffer on its own if no spacer is available. A Bricanyl Turbuhaler may be used in first aid treatment if a puffer and spacer are unavailable.

OR
 My Child's Asthma First Aid Plan (attached)

Additional comments:

I authorise school staff to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Signature of Parent/Carer: **Date:**

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.

Signature of Doctor: **Date:**