CONFIDENTIAL MEDICAL FORM – BATHURST CAMPUS KINDERGARTEN TO YEAR 12

Name of Student
(Given Names) (Surname)

Name known as
Date of Birth
Day Student or Boarder

Academic Year Commencing at Scots
Pre-K, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Medicare Number
Position on Card
Expiry /

Medibank Private Number (International students)
Expiry /

Name of Doctor
Contact Details

Name of Orthodontist
Contact Details

Name of Dentist
Contact Details

Other Health Professional
Contact Details

ALLERGIES
Treatment

Drugs

Food

Environmental

Others

ASTHMA ☐ Yes ☐ No Treatment
Asthma Action Plan ☐ Yes ☐ No

Emergency Contact Details

Contact 1 (PARENT) Name:

Address

Telephone: (H) (W) (M) Fax

Contact 2 (PARENT) Name:

Address

Telephone: (H) (W) (M) Fax

Contact 3 (OTHER) Name:

Address

Telephone: (H) (W) (M) Fax

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CURRENT HEALTH CONCERNS

If your child suffers from any of the following *(please tick)*

ADHD	☐ Yes	☐ No
Asthma	☐ Yes	☐ No
Blood Pressure	☐ Yes	☐ No
Counselling	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Epilepsy	☐ Yes	☐ No
Heart Conditions	☐ Yes	☐ No
Skin Irritation	☐ Yes	☐ No
Hay Fever	☐ Yes	☐ No
Headaches	☐ Yes	☐ No
Psychological Issues	☐ Yes	☐ No
Other	☐ Yes	☐ No

Please elaborate on any condition and treatment required.

If your child has any of the following *(please tick)*

Wear glasses	☐ Yes	☐ No
Have difficulty hearing	☐ Yes	☐ No
Have special needs	☐ Yes	☐ No
Dietary concerns	☐ Yes	☐ No
Speech deficits	☐ Yes	☐ No

If YES to any of the above, please elaborate on condition and treatment required.

Please detail any other Health Issues that the Health Centre staff should be aware of:

Can your child participate in **ALL** sports *(please tick)* ☐ Yes ☐ No

If NO please specify which sport and why.

IMMUNISATION RECORD

Year of last Tetanus or ADT vaccination

Year of last Polio Vaccination

Year of last Hepatitis B

Year of last Hepatitis B Vaccinations

Year of last Measles Mumps Rubella

Other Vaccinations

NB: IMMUNISATION CERTIFICATE to be attached for **ALL** new students

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PAST ILLNESSES

If your child has ever had the following illnesses *(please tick)*

Illness			Illness		
Anemia	☐ Yes	☐ No	Mumps	☐ Yes	☐ No
Chicken Pox	☐ Yes	☐ No	Rheumatic Fever	☐ Yes	☐ No
Fainting	☐ Yes	☐ No	Rubella	☐ Yes	☐ No
Glandular Fever	☐ Yes	☐ No	Other	☐ Yes	☐ No
Head Injury	☐ Yes	☐ No	If YES please elaborate		
Hepatitis	☐ Yes	☐ No			
Measles	☐ Yes	☐ No			

Has your child had any operations or broken bones? *(please tick)* ☐ Yes ☐ No

If YES please elaborate.

LIST all current medication: Prescription and non-prescription medication taken by student.

The Following non-prescription medications are held in the Health Centre for treatment of minor conditions and illness. Please tick and initial EACH MEDICATION if you authorise the Registered Nurse to administer the medication to your child if required.

☐ Paracetamol ______	☐ Cold & Flu Tablets ______	☐ Mylanta ______	☐ Stingoes ______
☐ Nurofen ______	☐ Throat Lozenges ______	☐ Enos ______	☐ Savlon ______
☐ Panadol ______	☐ Difflam Gargle ______	☐ Visine ______	☐ Betadine ______
☐ Buscopan ______	☐ Durro Tuss Elixer ______		☐ Anti Inflammatory Cream ______
☐ Naprogesic ______	☐ Ventolin ______		

For the relief of minor allergies the following medications may be given. *Please tick and initial for each one.*
No medication is given without this authority except in an emergency.

☐ Claratyne ______ ☐ Phenergan ______ ☐ Telfast ______

MEDICAL CONSENT

To: THE HEADMASTER, THE SCOTS SCHOOL BATHURST

I/We *(print names)* ....

the undersigned, provide the information contained in this form and certify its accuracy.

I/We authorise and consent to the administration of school procedures set out in this document in the event of injury to or illness of: *(Name of child)* ....

I/We authorise you to obtain and assist in the administration of medications specified and any others as notified by me/us from time to time in writing on behalf of my/our child.

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

Signed		
	Parent/Guardian 1	Parent/Guardian 2
Date		

SCHOOL PROCEDURES IN THE EVENT OF ACCIDENT OR ILLNESS – FOR BOARDING AND DAY STUDENTS

1. **Ailments:**
    a. Students will be referred to the Health Centre (self or teacher referral)
    b. Between 8:00am and 5:30pm, the rostered Registered Nurse will assess, treat and/or refer the student to other health professionals or parents, as required.
    c. After hours, the boarding resident on duty will assess health needs of students and, if necessary, refer the student to the Registered Nurse on call
    d. All student consultation at the Health Centre is logged by the duty nurse through the Delta Link system

2. **Minor Injuries:**
    a. Students will be referred to the Health Centre (self or teacher referral)
    b. Parents will be contacted if a Day Student is unable to return to class
    c. Boarding students remain in the Health Centre at the discretion of the Registered Nurse
    d. Parents will be contacted by the Registered Nurse if a Day Student is unable to return to class
    e. If the student is injured whilst playing school sport he/she will report to the first aid station (sports field), first aid will be administered on site. The sporting coach then will:
        i. Contact parents of Day Students and liaise re ongoing care
        ii. Contact Senior Resident on duty and liaise re ongoing care of boarding students
    f. All student consultation at the Health Centre is logged by the duty nurse through the Delta Link system

3. **Serious ailment/injuries requiring Doctor or Hospital admission:**
    a. First aid will be administered by the Registered Nurse on duty and/ or other staff members immediately present
    b. The Registered Nurse will decide if the student should be taken to hospital immediately or a doctor called.
    c. The parents/ carers will be contacted by the Registered Nurse as soon as is practicable, according to the information on the Medical History Form
    d. In an emergency, a student will be transferred by ambulance to hospital. A School representative will stay until relatives attend hospital. In the case of a Boarding Student, the School representative will remain with the students at their discretion in consultation with medical professionals and the student's parents/ carers.

4. **Medication Procedure**
    a. The Scots School Health Centre Staff must be aware of all medications taken by students
    b. All medications taken during the school day should be stored at the Health Centre
    c. All prescription and restricted medication will be stored in locked cupboard in the Health Centre
    d. No medications may be kept by Students in the Boarding House/s
    e. The Registered Nurse/s will dispense prescription and non prescription medications when authorized in writing by parents/ guardians, or as prescribed by doctor
    f. The Registered Nurse/s will dispense restricted medication (S4and S8) after receiving written documentation from parents/ guardians (Medical Advice Form) and the prescribing doctor
    g. Instructions of change to the original dosage of S4 and S8 medications must be in writing from the prescribing doctor.
    h. The Registered Nurse/s will only dispense or assist with the administration of any medication IF the medication is provided in its original container with the label clearly displaying the student's name and required dosage
    i. Complementary therapies ordered by parents may be stored at the Health Centre on behalf of the parents but the student must self administer. Such items must be accompanied by written authorization from parents and all instructions and authorisations must be written in English
    j. The Registered Nurse/s will arrange for filling of prescriptions for Boarder Students
    k. All medications administered by the Registered Nurse/s or any other staff will be recorded