



## Confidential Medical Information

**A Confidential Medical Report must be completed, signed and returned for each family every year, for the commencement of Term 1. Please return to the General Office if you have not already done so.**

### Accurate Information – A Legal Obligation

Please familiarise yourself with all aspects of this information sheet. Not only is it in the best interests of your child for the College to have up-to-date medical and contact information, but it is also a legal obligation.

Please return the signed form in an envelope marked “Medical Information” to the General Office.

The College should have information about any of the following:

- Heart and blood pressure problems
- Asthma and respiratory problems
- Diabetes
- Fits, epilepsy, blackouts, dizzy spells, vertigo
- Migraines
- Recent operations
- Joint, knee or back problems
- Recent fractures or bone disorders
- Allergies (to foods, adhesives, drugs, etc.)
- Special dietary requirements
- Phobias
- Travel sickness
- Sleep walking
- Recent illnesses
- Current medical or dental specialist treatment
- Any other relevant medical information

### Notify Changes

If there are any significant changes in your child’s medical condition throughout the year, please ensure that the College is notified as quickly as possible. Detailed information can be provided in a sealed envelope, marked “Medical Information” to the General Office.

**The College should know of ongoing or prolonged courses of medication or the use of tranquillisers. It is also possible for spare medication to be stored in the sick bay, provided appropriate instructions are provided.**

No medication can be administered without written consent of parents or doctor.

All long term medications being taken by students during school hours should be administered by school nurse or other authorised personnel.

### Ambulance

It is strongly advised that all students are covered by ambulance subscription. Please advise whether Public or Private Hospital care should be sought in the event of your child being transported to hospital.

### Health Insurance

Please specify the level of hospital and/or ancillary cover. In the event of an injury or illness an ambulance may be called. If we cannot contact the parent and a decision needs to be made as to whether Public or Private Hospital care is required, the College needs to know your specific medical cover details.

### Tetanus

It is also strongly advised that all students have current tetanus immunity.

### Asthma

In addition, you are requested to complete the attached “Asthma Management Information Form” **for any student who has asthma**, regardless of the level. This information is very important for the welfare of students.

PETER R SHEAHAN

Principal

# ASTHMA MANAGEMENT FORM

Waverley Christian College



It is important that all students who have asthma complete this form every year. Please seek the advice of the child's doctor when completing this form.

.....  
Child's Name

.....  
Year Level

Usual signs of child's Asthma	Worsening signs of child's Asthma	Trigger Factors
Wheezing ----- <input type="checkbox"/>	Increased signs of: Wheezing ----- <input type="checkbox"/>	Exercise----- <input type="checkbox"/>
Tightness in chest----- <input type="checkbox"/>	Tightness in chest----- <input type="checkbox"/>	Colds/ Virus----- <input type="checkbox"/>
Coughing----- <input type="checkbox"/>	Coughing----- <input type="checkbox"/>	Pollens----- <input type="checkbox"/>
Difficulty in breathing----- <input type="checkbox"/>	Difficulty in breathing----- <input type="checkbox"/>	Dust----- <input type="checkbox"/>
Difficulty in speaking----- <input type="checkbox"/>	Difficulty in speaking----- <input type="checkbox"/>	Other (describe)-----
Other (describe)-----	Other (describe)-----	-----
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## Victorian School Emergency Asthma Plan

(Section 4.5.7.8 of Department of Education and Training's Victorian Government Schools' Reference Guide.

1. Sit the student down and remain calm to reassure the student. Do not leave the student alone.
2. Without delay shake a blue reliever puffer and give 4 separate puffs, through a spacer (spacer technique – 1 puff/take 4 breadths from spacer, repeat until 4 puffs have been given.)
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call ambulance (dial 000) immediately and state that ***“a student is having an asthma attack.”***
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

### Key Questions:

Is your child on regular **Preventer Medication** which is taken at home? YES/NO

Name of Preventer & Dose .....

Name of Reliever .....

In the event of an asthma attack at school, do you agree to your child/children receiving the treatment as set out. YES/NO

Do you agree for the school staff or nurse to assist with your child/children taking asthma medication should they require help? YES/NO

Do you give consent for your child to participate in the camp/outdoor activities? YES/NO

Have you informed and consulted with your doctor regarding the camp/outdoor activities YES/NO

Please make extra copies of this form to meet your family's needs or obtain them from the General Office

## Key Questions

1. Has the child been admitted to hospital due to Asthma in the past 12 months	<input type="checkbox"/> YES <input type="checkbox"/> NO	If any of the questions at left should be answered "Yes," Then the decision for the child to attend any outdoor activity or camp must rest with the child's doctor. A specific letter must be supplied for each activity.  The child's doctor must contact the relevant teacher at the college in order that the doctor may obtain information about the outdoor activity or camp to enable him/her to make an informed decision.
2. Has the child been on oral cortisone for Asthma within the past 12 months? e.g. Prednisone/Prednisolone/Cortisone	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Has the child had sudden severe Asthma attacks requiring hospitalisation? Date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>Student's Emergency Treatment (If Different from School Plan)</b>			
Medication	Method e.g. puffer/spacer/turbuhaler	Dosage ( 1 or 2 puffs)	How often
Additional Comments _____ _____ _____ _____			

I declare that the information provided on this form is complete and correct. I undertake to contact the College immediately and in writing if there are any significant changes in the child's condition throughout the year.

Name of Parent/Guardian (Please print) .....

Signature: ..... Date: .....

# Confidential Medical Report



Please complete and return this report ASAP to the General Office. It is intended to assist the College in case of any medical emergency with your child/children. All information is held in confidence.

FAMILY NAME: .....

ADDRESS: ..... PC.....

HOME PHONE: .....

PARENT/GUARDIAN'S FULL NAME: .....

EMERGENCY  0/0	Mother Work Tel:.....	Father Work Tel: .....	Mobile: .....
	Additional Contact Person: .....		Tel: .....

Name of family doctor: ..... Tel: .....

Doctor's address: .....

Hospital insurance fund name: ..... Table: ..... Contribution No: .....

Ancillary insurance fund name: ..... Table: ..... Contribution No: .....

Medicare No:..... Ambulance Cover: YES or NO Hospital Emergency: Public:  Private:

*Please complete the information below for each child attending Waverley Christian College*

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
<b>CHILD'S NAME</b>				
<b>DATE OF BIRTH</b>				
<b>YEAR LEVEL</b>				

*Please tick if your child suffers any of the following:*

Fits of any type				
Dizzy spells				
Travel sickness				
Heart condition				
Blackouts				
Migraine				
Asthma : <i>Please complete Asthma Management Form and return with this report</i>				
Other condition to report: <i>Please use space overleaf if required</i>				
<b>Allergies to:</b>				
Any Foods				
Penicillin				
Other drugs (eg. Aspirin)				
Other allergies				
<i>Do glasses/contact lenses need to be worn regularly?</i>				
<b>Date of last Tetanus Immunisation</b>				
<i>Is your child presently taking tablets and/or medicine? If YES, please state name of medication, dosages etc. and condition being treated. . All long term medication being taken by students during school hours should be administered by school nurse or other authorised personnel.</i>	YES/NO	YES/NO	YES/NO	YES/NO

**PLEASE NOTE: A spare (named) puffer for asthma sufferers MUST be sent to the College (sick bay) for use in an emergency.**

### Medical Treatment Consent Form:

In the event of my child/children requiring medical attention and treatment whilst at school, on a school excursion, outdoor activity, or at a school camp, I authorise the College to obtain all necessary medical attention and treatment, and for this purpose to engage as my agent any doctor, nursing assistance or hospital accommodation, with expenses incurred to be met by me. I further authorise the use of anaesthetic by a qualified anaesthetist if in his/her judgment this is necessary. I understand that every reasonable effort will be made by the College first to contact the parent or guardian in the event of such illness or accident.

I consent to my child/children being given above-named medication for the stated known condition(s)

Do you give permission for paracetamol (eg. Panadol, Herron, Panamax) to be administered if necessary?  YES  NO

Do you give permission for the school nurse, or delegated personnel, to check your child's/children's hair for the presence of head lice/eggs if required  YES  NO

Signed: ..... Date / /

	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>	<b>CHILD 4</b>
<b>CHILD'S NAME:</b>				
<b>YEAR LEVEL:</b>				
<i>Condition</i>	<i>Further Comments</i>			

***Privacy Clause***

It is the policy of Waverley Christian College to comply with the National Privacy Principles as contained in the *Privacy Amendment (Private Sector) Act 2000*. Please refer to the current Waverley Christian College Handbook for the Standard Collection Notice which details how the College uses and manages personal information provided to and collected by the College.