



Confidential Health / Medical Information

This completed form is kept in the Boarding Office and a copy is also held in the Sick Bay. The information will be used if your son/daughter requires medical attention whilst in our care. To make it possible to provide optimal health care for your son/daughter it is *essential* that this information remains current. **Please inform us if any of the details require amendment.**

Students Full Name: _____

Date of Birth: _____ **Home Address:** _____

Parent / Guardian 1

Parent / Guardian 2

Name: _____

Name: _____

Preferred Initial contact person _____

Email Address _____

Home: _____

Home: _____

Mobile: _____

Mobile: _____

Work: _____

Work: _____

In the event that we are unable to contact you (the parents or guardians), please Nominate a contact person.

Name of a contact person other than parents: _____

Relationship to Student: _____

Contact Person Address: _____

Contact Person Home Ph: _____ **Work Ph:** _____

Student's Medicare No: _____ **No** _____ **Expiry Date** _____

Student No _____ **Health Care Card** _____ (Please supply a copy of Medicare & Health Care)

Private Health Fund Name and Number: _____

Name of General Practitioner: _____ **Wagga** _____ **Ph.** _____

Elsewhere _____ **Ph.** _____

MEDICAL HISTORY

Please list any medical conditions / previous operation(s) your son/daughter may have had. **Please tick and give year if applicable.**

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Glandular Fever | <input type="checkbox"/> Hep A, B or C | <input type="checkbox"/> Chronic Ear Infection | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine | <input type="checkbox"/> A.D.D / A.D.H. D | <input type="checkbox"/> Asperger's |
| <input type="checkbox"/> Medic Alert Bracelet <input checked="" type="checkbox"/> Asthma (please complete back page and a copy of their action plan) | | | |
| <input type="checkbox"/> Anaphylaxis (please supply a copy of their plan and supply an Epi Pen) | | | |

Other: _____

Infectious Disease (please tick if your son/daughter has had any of the following illnesses)

- | | |
|-----------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Measles | <input checked="" type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Mumps | <input checked="" type="checkbox"/> German Measles |
| <input type="checkbox"/> Whooping Cough | <input checked="" type="checkbox"/> Rheumatic Fever |

OTHER HEALTH ISSUES THE SCHOOL SHOULD BE AWARE OF:

Has your son/daughter ever experienced any psychological problems?

Depression: _____ Eating Disorder: _____ Substance Abuse: _____

Self-harm: _____ Other: _____

Please give details (including name of the treating doctor/health provider)

Immunisation Record:

Please supply a copy of the most recent Immunisation record for your son/daughter

Menstrual Cycle:

Has your daughter begun menstruating? (YES) (NO)

Does she suffer from period pain? (YES) (NO)

Is medication required? (YES) (NO)

If so, what type? _____

Diet:

Does your son/daughter have any special dietary requirements or food allergies?

(YES) (NO)

Name of medical condition and give details:

Allergies and treatment required –Please provide an action plan with a photo.

Medications / Epi pen (provided or carried) _____

Food: _____

Insects: _____

Other: _____

Hay Fever:

Does your son/daughter suffer from Hay Fever? (YES) (NO)

What medication for Hay Fever does your son/daughter take? _____

Which month(s) is he/she most affected? _____

If your son/daughter suffers from hay fever regularly or seasonally, you must provide the boarding office with a small box of antihistamine medication. This will be labelled with their name on it and given to them when required.

Medication Procedure

- It is imperative that the boarding house is aware of all medications taken by students it is a **legal requirement** that boarding staff is aware of any medication taken by a student.
- Students under legislation are unable to self-medicate during boarding house hours and we ask that all prescription medications are provided to the administration staff requesting in writing the doses and times so that boarding house staff can support students in administering medication.
- Instructions of change to original dose must be in writing from the prescribing doctor.
- Short-term prescription medication will only be administered if the container states name, dose and labelled in the original container.
- All medications administered by the boarding staff will be recorded.

The following non-prescription medications are held in the sick bay for the treatment of minor conditions and illness. Students cannot self-administrate any of the following non prescribed medications. All medications must be administered by the boarding staff and recorded.

Please initial **beside each medication** that you authorise the boarding staff to administer to your son/daughter if required.

Paracetamol _____

Ibuprofen _____

Claratyne _____

Phenergan _____

Sudafed _____

Imodium _____

Donnatab – stomach spasms _____

Cough Mixture _____

Medication to be held in the Sick Bay at Guardians request:

Medication Name

Dose

Condition being treated

Please note that we do not permit the students to have medication in their possession, with the exception of asthma puffers and anaphylaxis epi pen. Medication will be stored in the Sick Bay. Your cooperation in this matter is appreciated.

Hospital

I give permission to transport my son/ daughter to hospital if needed (YES) (NO)

Chemist Account

We ask that parents/guardians open a chemist account in Wagga Wagga for any medication requirements. The Pharmacy to the boarding house is The Bush Chemist in Murray Street and they are prepared to open accounts for boarding families over the phone.

MEDICAL CONSENT FORM

To: The Leader of Boarding, Mt Erin Boarding

I / we the undersigned, hereby consent to the treatment considered necessary by the boarding staff.

I / we agree to our son/daughter being referred to the local doctor / hospital if deemed necessary.

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

This consent shall remain valid unless withdrawn and notified by myself / us in writing to the boarding school.

If, **in the event of an emergency**, the boarding school is unable to contact a parent or other notified contact person, **I / we** give consent for the Boarding staff to his/her delegate to sign any medical consent form for my son/daughter.

I / we acknowledge that failure to disclose any information regarding medical history may result in termination of the student(s) enrolment.

Signature(s)

Relationship

Date

Asthma Information

As Parent/guardian of _____(students name),

I, _____(parent/guardian)

Give my consent and agree to delegate my authority to the boarding staff at Mt Erin Boarding, Wagga Wagga, in the management of an acute asthma attack. I authorise the boarding staff to supervise the use of the nebuliser pump if required; to obtain medical assistance they deem necessary; and agree to pay all medical expenses incurred on behalf of my son/daughter. I give permission for boarding staff to administer Ventolin by puffer or nebuliser (or other as noted by parent(s) to my son/daughter if they deem necessary. I understand that the boarding house will notify me immediately if such medication has been required.

Signed: _____ Dated: _____

If your son/daughter suffers from asthma or has been diagnosed in the past, please complete below and inform us if the medication or condition changes.

Frequency of Attacks-Severity of Attacks Please give details

	Name	Dosage	Medication Frequency	Method of Administration
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Name & telephone number of attending doctor:

Please note:

1. A nebuliser mask, spacer and the necessary medication must be supplied if your son/daughter requires regular use.
2. The school has a reliever puffer and spacer for emergency use; however, it is recommended your son/daughter always carry their own puffer.