

2023



Mount Erin Boarding

CONFIDENTIAL HEALTH / WELLBEING AND MEDICAL INFORMATION

This completed form is kept in the Boarding Office and entered into REACH. 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.

Student Name:	
Date of Birth:	/ /
Home Address:	

Parent / Guardian 1		Parent / Guardian 2
Name:		Name:
Email Address		
Home Phone		
Mobile Number		
Work Number		
Preferred Initial contact person		

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 Phone:	Work Phone	Mobile Number

Medical Information

Student's Medicare No	Student Number	Expiry Date
Health Care Card No	Private Health Fund Name	Private Health Fund Number
Name of General Practitioner	In Wagga (If you have one)	Phone Number

MEDICAL HISTORY Please list any medical conditions / previous operation(s) your son/daughter may have had. Please select Yes/No option and give year if applicable.

Glandular Fever	Yes/No ▾	Diabetes	Yes/No ▾	A.D.D / A.D.H. D	Yes/No ▾
Chronic Ear Infection	Yes/No ▾	Epilepsy	Yes/No ▾	Asperger's	Yes/No ▾
Hep A, B or C	Yes/No ▾	Migraine	Yes/No ▾	Medic Alert Bracelet	Yes/No ▾
Asthma	Yes/No ▾		Yes/No ▾	Anaphylaxis	Yes/No ▾
(If Yes complete back page and a copy of their action plan)				(If yes supply a copy of their plan and supply an Epi Pen)	
Other Conditions we should be aware of:					

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

Measles	Yes/No ▾	Mumps	Yes/No ▾	Chicken Pox	Yes/No ▾
German Measles	Yes/No ▾	Whooping Cough	Yes/No ▾	Rheumatic Fever	Yes/No ▾

OTHER HEALTH ISSUES THE SCHOOL SHOULD BE AWARE OF:

Has your son/daughter ever experienced any psychological problems? Yes/No ▾

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

Depression	Yes/No ▾	Treating Doctor	Details
Eating Disorder	Yes/No ▾		
Substance Abuse	Yes/No ▾		
Self-harm	Yes/No ▾		
Other	Yes/No ▾		

Immunisation Record: Please supply a copy of the most recent Immunisation record for your son/daughter to have on file.

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

Does your son/daughter have any special dietary requirements or food allergies?	Yes/No ▾
Name of medical condition and give details:	
<input type="checkbox"/> Medications / Epi pen (provided or carried)	Yes/No ▾
Food:-	
Insects:-	
Other:-	

Hay Fever:

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.

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?	

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 on the form on the last page.
- 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 and the the form on the last page is filled out.
- All medications administered by the boarding staff will be recorded in REACH.
- If your child becomes ill overnight with vomiting / Flu symptoms etc they will need to be sent home from boarding.

The following non-prescription medications are held in the first aid room 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 into REACH .

Please use the Yes/No Option and initial to indicate which over the counter medications you authorise the boarding staff to administer to your son/daughter if required.

Paracetamol	Yes/No ▾	Initials	Fexofenadine (Hayfever & Allergy Relief)	Yes/No ▾	Initials
Ibuprofen	Yes/No ▾		Phenergan	Yes/No ▾	
Sudafed	Yes/No ▾		Imodium	Yes/No ▾	
Donnatab stomach spasms	Yes/No ▾		Cough Mixture	Yes/No ▾	

Medication to be held in the First Aid Room 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 First Aid room in a locked cupboard . Your cooperation in this matter is appreciated.

Hospital

I give permission to transport my son/ daughter to hospital if needed	Yes/No ▾
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MEDICAL CONSENT FORM

To: The Head of Boarding, Mount 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	Relationship	Date
Signature	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

Medication Name Dosage Frequency Method of Administration
1.
2.
3.
4.
Name & telephone number of attending doctor:
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.



Prescription Medication Permission

2023

Mount Erin Boarding may administer medication when necessary for students whilst at Boarding in order to keep them safe.

- Parents/Guardians must provide in date prescribed medication and collaborate with the Mount Erin Boarding in organising arrangements for supply, administration and storage of the prescribed medication.
- Prescribed medication will only be administered where a student's parent/guardian has provided written permission to Mount Erin Boarding below.

Date	
Name of Student	
Medication Supplied	
Dosage required	
Time required	
Other Comments if required	

Parent Name	
Date	
Signature	
Authorisation (Head of Boarding)	