8 August, 2013

Dear Parent/Caregiver

During Term 3 we are updating our medical records systems to ensure we have the most up-to-date information on your child’s health.

Enclosed you will find the new forms that you will need to fill out and return to us by Friday 16 August, 2013 If you are returning the forms by mail, please address it to:

Medical Forms Update
Cambridge Park PS
PO Box 8021
WERRINGTON COUNTY 2747

Otherwise, you can drop them off at the front office when you are next at school.

The new forms help us collect your child’s important medical information, and the introduction of new systems will mean we’ll be able to better manage the daily and emergency health needs of your child.

We appreciate your support as we start collecting the information, and if you have any questions please call us on 4721 2556.

Yours sincerely

Mrs Cheryl Binns
Principal
Student details – additional information

NOTE: this form replaces the Student Medical Details on page 7 of the current purple enrolment form.

H. Student medical details and health conditions

It is essential you inform the school before your child is enrolled if he or she has any medical conditions. This must include any known allergies. You should also contact the school as soon as you are aware of any newly diagnosed allergies/other medical conditions or changes to an existing condition. This will assist the school to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. This is important information for your child’s safe participation at the school.

Note: Where the words ‘your child’ are used, they should be taken as a reference to the student seeking enrolment.

Student’s Medicare number

Doctor’s name/medical centre

Doctor’s address (eg 1 High Street, Sydney, NSW, 2000)

Doctor’s phone number (work)

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child for any allergy or other medical condition you may list when completing Section H. Attach an additional page if required.

<table>
<thead>
<tr>
<th>Allergy / Medical Condition</th>
<th>Doctor’s Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.

ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable). If there is insufficient space, please attach additional pages clearly marked ‘Section H’.

For any additional allergies your child has, please answer each of the 11 questions (where applicable) on a separate page for each allergy. Attach this additional information (clearly marked ‘Section H’) to the back of this form.

Allergy to: ________________________________

1. Has a doctor diagnosed this allergy? ☐ Yes ☐ No

2. Is this a severe allergy (anaphylaxis)? ☐ Yes ☐ No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? ☐ Yes ☐ No

4. If yes, which hospital? ________________________________

5. Does your child have an ASCIA Action Plan for Anaphylaxis? ☐ Yes ☐ No

6. If yes, is this plan attached? ☐ Yes ☐ No

7. Has your child been prescribed an adrenaline autoinjector (ie Epipen®/Anapen®)? ☐ Yes ☐ No

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).
Additional Medical Conditions – allergies
(to accompany the Application to Enrol in a NSW Government School form)

Student name

ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable).

Allergy to: 

1. Has a doctor diagnosed this allergy?  □ Yes  □ No

Please provide the name, address and phone number of the doctor / specialist who may currently be treating your child for the condition.

Doctor's Name      Address      Telephone

2. Is this a severe allergy (anaphylaxis)?  □ Yes  □ No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy?  □ Yes  □ No

4. If yes, which hospital?   

5. Does your child have an ASCIA Action Plan for Anaphylaxis?  □ Yes  □ No

6. If yes, is this plan attached?  □ Yes  □ No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®/Anapen®)?  □ Yes  □ No

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).

8. What is the expiry date of the adrenaline autoinjector that will be provided to the school?  

If not known at the time of completing this form, the school will require this information on enrolment.

9. Does your child have an ASCIA Action Plan for Allergic Reactions?  □ Yes  □ No

10. If yes, is this plan attached?  □ Yes  □ No

   Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.

11. Please list any other medication prescribed for this allergy.

   

The school will require further details in relation to prescribed medication on enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department’s website.
MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (E.G. ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

Please identify and provide details below of any other medical condition for which your child is being treated.

Medical condition:

1. Has a doctor diagnosed this condition? □ Yes □ No

Please provide the name, address and phone number of the doctor / specialist who may currently be treating your child for the condition.

<table>
<thead>
<tr>
<th>Doctor’s Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
</table>

2. Has your child been hospitalised with this condition? □ Yes □ No

3. If yes, which hospital?

4. Does your child have a documented action plan from a doctor (e.g. asthma action plan)? □ Yes □ No

5. If yes, is this plan attached? □ Yes □ No

6. Is your child taking prescribed medication for this condition? □ Yes □ No

7. If yes, what is the prescribed medication?

The school will require further details in relation to prescribed medication on enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department’s website.