



# Saint Stephen's College

## STUDENT MEDICAL INFORMATION FORM

Parents/Guardians of new students are required to complete and submit all sections of this form prior to their child commencing their first day at the College.

After the initial submission of this form, Parents/Guardians are to regularly check the medical information available in the Medical Details tab of Parent Lounge, and submit this form to the College Nurse via [hmiller@ssc.qld.edu.au](mailto:hmiller@ssc.qld.edu.au) if any details require updating. It is a requirement of continuing enrolment that parents/guardians inform the College of changes to medical information of their child, so informed care can be provided if necessary. This form will also be provided to parents for review prior to the start of each school year.

The College Privacy Policy applies to the information provided in this document, it is treated as confidential sensitive information and will only be shared with the relevant staff members when necessary.

<b>STUDENT INFORMATION</b> (Complete a separate form for each child)	
<i>Privacy obligations requires you to respond to each question in this section to confirm the identity of parties involved</i>	
<b>Family Name:</b>	
<b>Given Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Date form updated:</b>	
<b>Parent/Guardian Name:</b>	
<b>Parent/Guardian Mobile:</b>	

<b>EMERGENCY CONTACT DETAILS</b>	
<i>Review of information previously provided - Please only complete the sections requiring updating.</i>	
<b>Name:</b>	
<b>Relationship to Child:</b>	
<b>Home Phone:</b>	
<b>Mobile:</b>	

<b>MEDICAL PRACTITIONER, MEDICARE AND PRIVATE HEALTH DETAILS</b>	
<i>Review of information previously provided - Please only complete the sections requiring updating.</i>	
<b>Medical Practitioner's Name:</b>	
<b>Contact Number:</b>	
<b>Specialist Practitioner's Name and Specialisation:</b>	
<b>Contact Number:</b>	
<b>Medicare Card Number:</b>	
<b>Child's Number on Medicare Card:</b>	
<b>Private Health Fund:</b>	
<b>Private Health Fund Number:</b>	
<b>Would you like your child taken to a Private or Public Hospital?</b>	
<b>Preferred Hospital:</b>	

<b>MEDICAL CONDITIONS</b>	
<i>Review of information previously provided - Please only complete the sections requiring updating.</i>	
<b>ADD/ADHD:</b>	
<b>Accidents:</b>	
<b>Allergies:</b> Indicate the cause and extent of the reaction.	
<b>Anaphylaxis:</b> <b>Has your child's Allergic Reaction Plan changed?</b> <i>If yes, please provide a copy to the College Nurse.</i>	
<b>Anxiety/Panic Attacks:</b>	
<b>Asthma:</b> <b>Has your child's Asthma Management Plan changed?</b> <i>If yes, please provide a copy to the College Nurse.</i>	
<b>Autism Spectrum Disorder:</b>	
<b>Blood Disorders:</b>	
<b>Diabetes:</b>	
<b>Ear/Hearing Problems:</b>	
<b>Eczema:</b>	
<b>Epilepsy/Convulsions/Fits:</b>	
<b>Eye/Sight Problems:</b>	
<b>Heart Condition:</b>	
<b>Migraines/Headaches:</b>	
<b>Physical Disability:</b>	
<b>Skin Conditions:</b>	
<b>Other Illness:</b>	

<b>IMMUNISATIONS</b>	
Has your child been immunised?	
Are the immunisations current and complete?	
Current record attached	

<b>OTHER CURRENT MEDICATION</b>		
<i>Review of information previously provided - Please only complete the sections requiring updating.</i>		
<b>Medication Name</b>	<b>Dosage</b>	<b>Relevant Details</b>

<b>REFUSAL OF PERMISSION TO ADMINISTER AN ANALGESIC</b>	
Policy: <a href="http://www.saintstephenscollege.net.au/wp-content/uploads/2018/05/administration-of-an-analgesic-58d9f39adc12e.pdf">http://www.saintstephenscollege.net.au/wp-content/uploads/2018/05/administration-of-an-analgesic-58d9f39adc12e.pdf</a>	
Write "exempt" if you <b>do not wish</b> the College Nurse to administer, at her professional discretion, an analgesic (Panadol or Nurofen) to your child in <b>Years 4 to 12</b> and want to be contacted first.	

**MEDICAL AUTHORITY**

In Case of an Emergency, I grant the person in charge, authority to seek any necessary medical assistance and/or treatment. I give permission to the person in charge, to administer the supplied emergency medication, if I am unable to do so myself. By submitting this form to [hmillers@ssc.qld.edu.au](mailto:hmillers@ssc.qld.edu.au), I declare that the information provided on this form is complete and correct.

Name of the person providing this information and medical authority