



MEDICAL DETAILS AND CONSENT

IMPORTANT: Please read this form carefully and fill out all fields. Please tick the relevant boxes to indicate your consent.

Student Name: _____ Year Level: _____

The College is dedicated to providing the best possible care for your child's wellbeing by providing a full-time Registered Nurse, who manages the Health Centre and its personnel and provides training to College staff. The Nurse allows the College to provide additional services that may not be found in other schools. The Health Centre is open on normal school days and is located in the Junior Administration Building.

ADMINISTRATION OF MEDICATION BY NURSE

The Health Centre staff are able to administer medication to your child under the following conditions:

- Prescription Medication: Medication must be in a container labelled by a health care professional or pharmacist filling a medical prescription. Showing the drug name, expiry date, prescribing medical practitioner, child's name, dosage and frequency of administration.
- Non Prescription Medication: Ormiston College will require your consent to administer.

Accompanying any medication should be an Ormiston College Medical Consent form that can be downloaded online from "Parent Zone", filled out and signed. New families to Ormiston College can obtain the Medical Consent Form by emailing the Registrar at enrolments@ormistoncollege.com.au. Medication should be delivered in-person to the health centre by the parents or a family member over the age of 18.

SELF ADMINISTRATION OF MEDICATION

For safety reasons, the following procedures apply should your child ever need to administer their own medication:

- In all cases: the Health Centre must be notified of the medication your child is using.
- If your child is in the Junior School: medication with the exception of Epipens and Salbutamol (Ventolin) must be kept at the Health Centre and administered by the Health Centre staff.

CONSENT TO ADMINISTER GENERAL MEDICATION AT HEALTH CENTRE

Providing you give consent below, the College Nurse where required will administer the following medication for your child if they visit the Health Centre for a minor medical condition.

MEDICATION	REASON FOR USE	TICK the box to indicate consent
Paracetamol	Pain or fever	<input type="radio"/>
Ibuprofen	Pain or fever	<input type="radio"/>
Antihistamine	Reduce the effects of allergens ie insect bites/hayfever	<input type="radio"/>

FIRST AID AND EMERGENCY TREATMENT

The College is obligated under its duty of care to provide First Aid and emergency medical treatment to your child. Staff who are qualified in First Aid may provide treatment and if the situation dictates the ambulance service contacted. Staff will contact parents or the nominated emergency contact in the event of a medical emergency.

NOTIFICATION OF INFECTIOUS DISEASES

As a parent you must notify the Health Centre if your child contracts an infectious disease (eg Chicken Pox) and agree to abide by the Queensland Health and Ormiston College guidelines. This is for the health of all students, staff and the wider College community.

IMMUNISATIONS

The College collects information on immunisations for the purpose of determining who may be at risk should an infectious disease outbreak occur. It is recommended that you provide a copy of your child's vaccination record with this form, indicate below which immunisations your child has received or tick 'Never Been Immunised'.

<input type="radio"/> Diphtheria	<input type="radio"/> Meningococcal	<input type="radio"/> Tetanus
<input type="radio"/> Hepatitis B	<input type="radio"/> Pneumococcal	<input type="radio"/> Varicella (Chicken Pox)
<input type="radio"/> Human Papilloma Virus (HPV) (10 to 15 years)	<input type="radio"/> Polio	<input type="radio"/> Pertussis (Whooping Cough)
<input type="radio"/> Measles/Mumps/Rubella	<input type="radio"/> Rotavirus	<input type="radio"/> Never Been Immunised

MEDICAL CONDITIONS

Does your child have any of the following conditions? If so please tick to indicate and provide additional information where required. Some conditions will require an action plan from your doctor. These are indicated appropriately.

<input type="radio"/> Allergies (provide Action Plan)	<input type="radio"/> Bone/Muscle Condition	<input type="radio"/> Kidney Condition
<input type="radio"/> Anaphylaxis (provide Action Plan)	<input type="radio"/> Bowel Condition	<input type="radio"/> Lung Condition
<input type="radio"/> Anxiety/Depression	<input type="radio"/> Diabetic (provide Action Plan)	<input type="radio"/> Migraine or Headaches
<input type="radio"/> ASD/ADD/ADHD	<input type="radio"/> Epilepsy (provide Action Plan)	<input type="radio"/> Other Condition (specify below)
<input type="radio"/> Asthma (provide Action Plan)	<input type="radio"/> Heart Condition	

Additional Details:

ACTION PLANS

For those medical conditions that require an action plan, parents must ensure the Health Centre is always provided with the most recent copy. For the action plan to be valid it must be signed by your medical practitioner. As the action plan directs the administration of medication, staff at the College can administer this medication without the need for an Ormiston College Medical Consent form.

CONDITIONS RELEVANT TO CAMPS AND EXCURSIONS

Does your child have any of the following conditions?

<input type="radio"/> Bed Wetting	<input type="radio"/> Phobias	<input type="radio"/> Travel Sickness	<input type="radio"/> Sleep Walking
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Additional Details:

Special Dietary Requirements (if applicable):

NOTIFICATION TO COLLEGE WHEN DETAILS CHANGE

It is the responsibility of the parents to ensure all medical details held with the Nurse are kept up-to-date. At minimum, it is good practice for parents to review action plans annually and the detail held electronically in Parent Lounge for their child. Should any medical conditions or details for your child change, parents should send updated information either in writing or by email to the Health Centre.

CONFIDENTIALITY

All personal medical information received is kept securely in the health centre with secure electronic records stored locally on College servers. The storage of medical information is regulated under the Australian Privacy Act 1988 and the College's Privacy Policy.

CONSENT

By signing this form, I hereby acknowledge that the information provided above is accurate, that I will always notify the college of any changes to my child's medical conditions and that I agree with the Colleges procedures outlined in this document.

Parent Name: _____

Signature: _____ Date: _____