Vear: Form: Teacher:		NT HEALTH CARE	SUMMARY - REVISED				
Date of Birth   Gender: Male:   Gender: Male/Female	SECTION A		Tacabari				
AMILY CONTACT DETAIL  MEDICAL PETAILS  Medical Practice:	School:		reacner:				
AMILY CONTACT DETAIL  Jame:    Medical Practice:							
Medical Practice:   Doctor 1:   Telephone:   Doctor 2:   Telephone:   Te	Address:	Gender: Male/Female					
Doctor 1: Telephone: Nederload   Telephone: Decerbination   Telephone: December   Tele	FAMILY CONTACT DETAIL						
Doctor 2: Telephone:   Telephone:   Goress:   I give permission for the school to seek medical attention for my child as required from the above medical centre.   Yes □ No □   Doy to have ambulance cover?   Yes □ No □   There is a medical emergency, parents/carers are expected to meet the cost of ambulance.   List any assential information that could affect your child in an emergency e.g. allergy to permission to student:   List any assential information that could affect your child in an emergency e.g. allergy to penicillin.   List any assential information that could affect your child in an emergency e.g. allergy to penicillin.   List any assential information that could affect your child in an emergency e.g. allergy to penicillin.   List any assential information that could affect your child in an emergency e.g. allergy to penicillin.   List any assential information that could affect your child in an emergency e.g. allergy to penicillin.   List any assential information that could affect your child in an emergency e.g. allergy to penicillin.   List any assential information that could affect your child in an emergency e.g. allergy to penicillin.   List any assential information that could affect your child in an emergency e.g. allergy to penicillin.   List any assential information that could affect your child in an emergency e.g. allergy to penicillin.   List any assential information of the administration of Medication form for medication at school.   List your child's health care information.   List your child is aerolation of the school to share your child's health care information?   Yes □ No □   Note: If your child is serviced in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.   If no, and the information is to be restricted, who can be informed of your child's health care information?   List your child have one or more health condition(s) that will require support from school staff?   Yes □ No	Name:		Talantaga				
Selection   Sele							
Serequired from the above medical centre.   Yes   No   Do you have ambiliance cover?   Yes   No   If there is a medical emergency, parents/carers are expected to meet the cost of ambiliance.   If there is a medical emergency, parents/carers are expected to meet the cost of ambiliance.   List any essential information that could affect your child in an emergency e.g. alergy to periodic		Laive permission for the school	to seek medical attention for my child				
Do you have ambulance cover?   Yes   No   The three is a medical emergency, parents/carers are expected to meet the cost of ambulance.   List any essential information that could affect your child in an emergency e.g. allergy to pericillin.   Relationship to student:   Health care card; Yes   No	Address:	as required from the above med	dical centre. Yes ☐ No ☐				
If there is a medical emergency, parents/carers are expected to meet une of ambulance.   List any essential information that could affect your child in an emergency e.g. allergy it penicipals.   List any essential information that could affect your child in an emergency e.g. allergy it penicipals.   List any essential information that could affect your child in an emergency e.g. allergy it penicipals.   List any essential information that could affect your child in an emergency e.g. allergy it penicipals.   List any essential information that could affect your child in an emergency e.g. allergy it penicipals.   List any essential information that could affect your child in an emergency e.g. allergy it penicipals.   List any essential information at school.   List your child in an emergency care):   Medicare No. (If required – for children requiring regular emergency care):   Medicare No. (If required – for children requiring regular emergency care):   Medicare No. (If required – for children requiring regular emergency care):   Medicare No. (If required – for children requiring regular emergency care):   Medicare No. (If required – for children requiring regular emergency care):   Medicare No. (If required – for children requiring regular emergency care):   Medicare No. (If required – for children requiring regular emergency care):   Medicare plan – see below.   Morticare plan – see below.   Short emmergency care):   Medicare plan – see below.   Morticare plan – see below.   Short emmergency care):   Medicare plan – see below.   Medicare plan – see below.   Medicare plan – see below.   Morticare p	Telephone: (W)	Do you have ambulance cover	Yes □ No □				
Moderance   List any essential information that could affect your child in an emergency e.g. allergy to permission for the principal or class teacher.			cy, parents/carers are expected to meet the cost of an				
Relationship to student:   Relationship to stu		ambulance.	and actually affect your child in an emergency e.g. allergy to				
Health care card: Yes □ No □    Health care card: Yes □ No □   Health care information at school.   Health care information? Yes □ No □   Date: □ No □ N	Name:						
Relephone: (W)	Relationship to student:						
Complete the remainder of this form and return to the school office. If your child's health conditions   Date:	Address:	Health care card: Yes ☐ No ☐					
Complete the remainder of this form and return to the school office. If your child's health conditions   Date:	Talankana (MA)	Medicare No. (If required – for	children requiring regular				
ADMINISTRATION OF MEDICATION Written authorisation must be provided for staff to administer any form of medication at school. Long term medication - Complete the Medication section of the relevant health care plan – see below. Short term medication - Request an Administration of Medication form to complete and return to the principal or class teacher.  INFORMED CONSENT Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated. Do you give permission for the school to share your child's health care information?  Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.  If no, and the information is to be restricted, who can be informed of your child's health care information?  Does your child have one or more health condition(s) that will require support from school staff?  No	(H)						
Long term medication — Complete the Medication section of the relevant health care plan — see Below.  Short term medication - Request an Administration of Medication form to complete and return to the principal or class teacher.  NFORMED CONSENT  Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.  Do you give permission for the school to share your child's health care information? Yes \( \) No \( \)  Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.  If no, and the information is to be restricted, who can be informed of your child's health care information?  Does your child have one or more health condition(s) that will require support from school staff?  No \( \) - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.  Signature:  \( \) Date:  Yes \( \) - Complete the remainder of this form and return to the school office. You will be given additional forms to complete. List your child's health condition(s):  SECTION B - IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAF ((In response to the information below, you will be given further forms for specific health conditions to complete)  Will school staff require specific training to support your child?  Severe Allergy/Anaphylaxis  Tick health condition  Will school staff require specific training to support your child?  YES \( \) NO \( \)  Activities Of Daily Living  Other Conditions or Needs (Please specify)  Has your child's Medical Practitioner provided a health	ADMINISTRATION OF MEDICATION						
Long term medication — Complete the Medication section of the relevant health care plan — see Below.  Short term medication - Request an Administration of Medication form to complete and return to the principal or class teacher.  NFORMED CONSENT  Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.  Do you give permission for the school to share your child's health care information? Yes \( \) No \( \)  Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.  If no, and the information is to be restricted, who can be informed of your child's health care information?  Does your child have one or more health condition(s) that will require support from school staff?  No \( \) - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.  Signature:  \( \) Date:  Yes \( \) - Complete the remainder of this form and return to the school office. You will be given additional forms to complete. List your child's health condition(s):  SECTION B - IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAF ((In response to the information below, you will be given further forms for specific health conditions to complete)  Will school staff require specific training to support your child?  Severe Allergy/Anaphylaxis  Tick health condition  Will school staff require specific training to support your child?  YES \( \) NO \( \)  Activities Of Daily Living  Other Conditions or Needs (Please specify)  Has your child's Medical Practitioner provided a health	Written authorisation must be provided for sta	aff to administer any form of medic	ation at school.				
NFORMED CONSENT   Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.	I and term medication - Complete the Med	ication section of the relevant heal	th care plan – see below.				
Your child's health care information will be shared with staff on a "need to know" basis unless otherwise stated.  Do you give permission for the school to share your child's health care information? Yes \( \) No \( \)  Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.  If no, and the information is to be restricted, who can be informed of your child's health care information?  Does your child have one or more health condition(s) that will require support from school staff?  No \( \) - sign below and return Section A of this form to the school office. If your child's requirements change, please notify the school.  Signature:  Date:  Date:  Date:  Date:  Section B - IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAF (In response to the information below, you will be given further forms for specific health conditions to complete)  Will school staff require specific training to support your child?  Severe Allergy/Anaphylaxis  Tick health condition  Will school staff require specific training to support your child?  Severe Allergy/Anaphylaxis  YES \( \) NO \( \)  Minor & Moderate Allergies  YES \( \) NO \( \)  Activities Of Daily Living  Other Conditions or Needs (Please specify)  Has your child's Medical Practitioner provided a health		Stration of Medication form to com-	ipiete and return to the principal of elact testing				
Do you give permission for the school to share your child's health care information? Yes \( \text{No} \) Note: If your child is enrolled in a TAFE, PEAC or an alternative education program, this includes the transfer of their health care information to the principal or manager of that program.  If no, and the information is to be restricted, who can be informed of your child's health care information?	INFORMED CONSENT		" hadis unless otherwise stated				
Does your child have one or more health condition(s) that will require support from school staff?  No	<b>Note:</b> If your child is enrolled in a TAFE, PE.	AC or an alternative education pro It program.	gram, this includes the transfer of their nearth care				
List your child's health condition(s):  SECTION B - IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAF (In response to the information below, you will be given further forms for specific health conditions to complete)  Health Conditions  Tick health condition  Will school staff require specific training to support your child?  Severe Allergy/Anaphylaxis  YES NO  Diabetes  YES NO  Seizures  Asthma  Activities Of Daily Living  Other Conditions or Needs (Please specify)  Has your child's Medical Practitioner provided a health	Does your child have one or more health cor No □ - sign below and return Section A or	dition(s) that will <b>require support</b> this form to the school office. If y	from school staff? rour child's requirements change, please notify the				
SECTION B - IN THE FOLLOWING TABLE, PLEASE INDICATE YOUR CHILD'S CONDITION(S) WHICH REQUIRE THE SUPPORT OF SCHOOL STAF (In response to the information below, you will be given further forms for specific health conditions to complete)  Health Conditions  Tick health condition  Will school staff require specific training to support your child?  Severe Allergy/Anaphylaxis  YES NO  YES NO  Seizures  Asthma  Activities Of Daily Living  Other Conditions or Needs (Please specify)  Has your child's Medical Practitioner provided a health	Yes - complete the remainder of this form	m and return to the school office.	You will be given additional forms to complete.				
Conditions   Tick health condition   Will school staff require specific training to support your child?	List your child's health condition(s):						
Health Conditions  Tick health condition  Will school staff require specific training to support your child?  Severe Allergy/Anaphylaxis  Minor & Moderate Allergies  Diabetes  Diabetes  Seizures  Asthma  Activities Of Daily Living  Other Conditions or Needs (Please specify)  Has your child's Medical Practitioner provided a health  Will school staff require specific training to support your child?  Will school staff require specific training to support your child?  YES NO  Y	SECTION B - IN THE FOLLOWING TABLE, PLEAS (In response to the information below, you will be	E INDICATE YOUR CHILD'S CONDITION given further forms for specific health	1 conditions to complete)				
Minor & Moderate Allergies  Diabetes  Seizures  Asthma  Activities Of Daily Living  Other Conditions or Needs (Please specify)  Has your child's Medical Practitioner provided a health  YES NO  YES N			Will school staff require specific				
Minor & Moderate Allergies  Diabetes  Seizures  Asthma  Activities Of Daily Living  Other Conditions or Needs (Please specify)  Has your child's Medical Practitioner provided a health  YES NO  YES N	Severe Allergy/Anaphylaxis						
Diabetes  Seizures  Asthma  Activities Of Daily Living  Other Conditions or Needs (Please specify)  YES NO  YE							
Seizures  Asthma  Activities Of Daily Living  Other Conditions or Needs (Please specify)  YES NO  YES			YES NO				
Asthma							
Other Conditions or Needs (Please specify)  YES NO  YES NO  YES NO  YES NO  YES NO  YES NO  Has your child's Medical Practitioner provided a health							
Other Conditions or Needs (Please specify)  YES NO  YES NO  Has your child's Medical Practitioner provided a health			YES NO				
YES □ NO □  YES □ NO □  YES □ NO □  Has your child's Medical Practitioner provided a health  YES □ NO □  YES □ NO □  YES □ NO □  YES □ NO □							
Has your child's Medical Practitioner provided a health  YES NO Y	Carlot Containions of Record (France opens)	П	YES NO N				
Has your child's Medical Practitioner provided a health							
Has your child's Medical Practitioner provided a fleatin							
care plan to assist the school to manage the condition?	Has your child's Medical Practitioner provide	ed a health	If yes, advise the Principal				

bu have ticked "Yes" for specific staff training, please discuss the type of training needed with the Principal.

Name:	Date of Birth	•		School:					
SECTION C: CONSENT FOR PHOTO ID	ENTIFICATION ON YOUR C	HILD'S HEAL	TH CARE	PLAN					
If your child has a condition where an em medical details and photo on view to prov	ergency may occur, please ide immediate identification	indicate wheth	her you giv	e consent for staff	f to place your child	i's			
I give permission for my child's "medica	l details and photo" to be o	on view for st	aff. Ye	s □ No □					
If yes, please attach photo to the relevant health care plan(s).									
SECTION D: MEDIC ALERT INFORMATIO	ON .								
Does your child have a Medic Alert brace If yes, provide details:	elet or pendant? Yes 🛘	No 🗆							
Signature:									
Parent/Carer Signature:	Date:								
Parent/Care Name:									
ON COMPLETION OF THIS FOR	M, PLEASE REQUEST A	ND COMPLE	TE THE I	RELEVANT HEA	LTH CARE PLAN	IS			
Note: Where appropriate s									
Office Use Only									
Does the child have an allergy that needs	to be flagged on SIS?	Yes □	No □	Date:		ı			
Have relevant health care plans been iss	ued to the parent?	Yes □	No □	Date:		1			
Has the Principal been informed if: <ul><li>specific training is required to support</li></ul>	t the student?	Yes □	No 🗆			1 1 1			
• the student's health care information	is to be restricted?	Yes □	No □			!			
Date Student Health Care Summary was	completed and uploaded o	n SIS: /	1						

FORM 1 PAGE 2 OF 2