



WEST COAST STEINER SCHOOL - 2019 STUDENT HEALTH CARE SUMMARY AND CONSENT TO ADMINISTER FIRST AID FORM

SECTION A

Student's Name:	Class:
DOB:	Teacher:
Gender: Male Female	Address:

FAMILY CONTACT DETAILS	MEDICAL DETAILS
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Name:	Medical Practice:				
Relationship to student:	<table style="width: 100%;"> <tr> <td style="width: 70%;">Doctor 1:</td> <td style="width: 30%;">Phone</td> </tr> <tr> <td>Doctor 2:</td> <td>Phone:</td> </tr> </table>	Doctor 1:	Phone	Doctor 2:	Phone:
Doctor 1:	Phone				
Doctor 2:	Phone:				

Address:	The school may seek medical attention for my child as required from the above medical practice: <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> </table>		Yes	No
	Yes	No		

Phone: (W) (H) (M)	Do you have ambulance cover? <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> </table> <p>If there is a medical emergency, parents /carers are required to meet the cost of an ambulance.</p>		Yes	No
	Yes	No		

Name: Relationship to student:	List any essential information that could affect your child in an emergency e.g. allergy to penicillin.
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Address:	<table style="width: 100%;"> <tr> <td style="width: 70%;">Health Care Card:</td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 15%; text-align: center;">No</td> </tr> <tr> <td>Private Health Insurance:</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Health Care Card:	Yes	No	Private Health Insurance:	Yes	No
Health Care Card:	Yes	No					
Private Health Insurance:	Yes	No					

Phone: (W) (H) (M)	Medicare Number: No. on Card: Expiry Date: <i>NB: Students on visas who are NOT ELIGIBLE for Medicare are liable for excess and/or ongoing costs associated with injuries acquired whilst at school.</i>
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SECTION B:

ADMINISTRATION OF FIRST AID

First aid is administered to children when they have an accident at school. As an additional service for those parents who wish it, the school has a minimal range of conventional and homeopathic remedies. These may only be administered to your child with your written consent.

My child may be treated with:	(please circle relevant answer)
ARNICA CREAM to reduce bruising	Yes No
AUSTRALIAN FLOWER ESSENCES for muscular pain, sunburn or bruising	Yes No
ESSENTIAL OILS (DOTERRA) for very minor burns, gravel rash, insect bites	Yes No
STINGOSE for insect stings and/or bites	Yes No
BURN AID for minor burns	Yes No
SALINE SOLUTION as a cuts wash or an eye bath	Yes No
BANDAIDS	Yes No

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.

Short term medication - Request an *Administration of Medication* Form from the office.

INFORMED CONSENT

Does your child have one or more health condition(s) that will require support from school staff?

NO Sign below and return 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, return to the school office and you will be given additional forms.

Please note: In accordance with Occupational Safety & Health guidelines, office staff are not able to offer children medicines which have to be administered orally (e.g. Panadol or homeopathic drops/pillules) unless stipulated in medical plan and supplied by parents

SECTION C:

List Your child's health condition(s) which require the support of school staff

Has your child's medical practitioner provided a health care plan to assist the school to manage the condition(s)?

YES **NO** If yes, advise and provide to the School Administration

SECTION D:

CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILDS HEALTH CARE PLAN

If your child has a condition where an emergency may occur, please indicate do you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

YES **NO** If yes, please attach photo to the relevant health care plan(s).

SECTION E:

MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant? **YES** **NO**
If yes, provide details:

Parent/Carer Signature: _____

Parent/Carer Name: _____

Date: _____

ON COMPLETION OF THIS FORM, PLEASE REQUEST AND COMPLETE THE RELEVANT HEALTH CARE PLANS IF APPLICABLE

Office Use only

Does the child have an allergy? **Yes** **No**

Have the relevant health care plans been issued to the parents? **Yes** **No**

Has the school administrator been informed if:

- Specific training is required to support the student **Yes** **No**
- The student's health care information is restricted? **Yes** **No**

Date *Student Health Care Summary* was completed and recorded in school records: _____