Our Lady of Mercy College

STUDENT INDIVIDUAL NEEDS AND MEDICAL DETAILS

Student Name: **Year:**

Date of Birth: / /

The School Education Act 1999 requires the provision of "details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee or other persons in the school (16G)".

To assist the school to respond to individual requirements, please detail any special needs your child has in the followings area(s) that may affect his or her learning, participation or welfare during school hours.

Medical Needs	No	Yes
Requires Medication	No	Yes
Physical	No	Yes
Psychological (Social/Emotional)	No	Yes
Cognitive/Intellectual	No	Yes
Sensory (e.g. Vision/Hearing)	No	Yes
Behavioural or Safety:	No	Yes
Communications/Speech/ESL	No	Yes
Diagnosed Learning Disability (If yes, please attach diagnostic report)	No	Yes
Is the student registered with the Disability Services Commission?	No	Yes

Please provide more details below if you have ticked yes to any of the above. If space is inadequate, please provide additional information on a separate sheet. If appropriate, please attach **Diagnostic Reports, Action Plans** and any current **Health Plans** relating to your child. If your child takes **Long Term Medication**, please list below. For **Short Term Medication**, please request an **Administration of Medication Form** from Administration.

Report attached Report previously supplied

Does your Child have any allergies? No Yes Describe:

If applicable, please provide us with a copy of your child's Anaphylaxis Action Plan.

Does your child require an EpiPen (adrenaline) to be administered * No Yes

Parents are to supply an EpiPen and any other emergency medication (eg antihistamine) to the College, and are to replace emergency medication prior to expiry. Students are required to carry their emergency medication to ALL ACTIVITIES OFF CAMPUS. Medication is to be given to the supervising teacher and returned to the College Administration at the completion of the activity.

Student Medical detais:

Medicare Number: Position: Expiry:

Family Doctor:

Medical Clinic:

Telephone number:

Private Health Fund: Member Number:

Has Ambulance Cover: No Yes

Emergency contact details – **OTHER THAN PARENT**

Name (1): Relationship to Student:

Telephone: Mobile:

Name (2): Relationship to Student:

Telephone: Mobile:

Medical emergency authorisation:

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I authorise the College that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the College has authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

The cost for all physical injury is covered by the College insurance, however, non-physical ambulance costs will be incurred by the family.

Please sign by using/creating a digital signature, or by printing the form, signing and scanning.

Signature of Guardian 1: Date: / /

Signature of Guardian 2: Date: / /

Please return this form to:

Enrolments Department
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