



ST ALOYSIUS' COLLEGE

A Jesuit School for Boys • Founded 1879

STUDENT DETAILS, MEDICAL INFORMATION AND MEDICAL CONSENT FORM

| Student Details | | | | | |
|---|------|----------------|----------------|------------|------|
| Surname | | | | | |
| Given Name(s) | | | | | |
| Preferred Name | | | | | |
| Date of Birth | | Year Level | | Enrol Year | 2020 |
| Parent/Guardian Details | | | | | |
| Surname | | | | | |
| Given Name | | Preferred Name | | | |
| Street address | | | | | |
| Suburb | | | Postcode | | |
| Phone Numbers | Home | Mobile | Work | | |
| Email address | Home | Work | | | |
| Occupation | | | Position/Title | | |
| Employer | | | | | |
| Relationship to student | | | | | |
| Parent/Guardian Details | | | | | |
| Surname | | | | | |
| Given Name | | Preferred Name | | | |
| Street address | | | | | |
| Suburb | | | Postcode | | |
| Phone Numbers | Home | Mobile | Work | | |
| Email address | Home | Work | | | |
| Occupation | | | Position/Title | | |
| Employer | | | | | |
| Relationship to student | | | | | |
| Emergency Contact Details (other than parent) | | | | | |
| Full Name | | | | | |
| Phone Numbers | Home | Mobile | Work | | |
| Relationship to student | | | | | |
| Emergency Contact Details (other than parent) | | | | | |
| Full Name | | | | | |
| Phone Numbers | Home | Mobile | Work | | |
| Relationship to student | | | | | |



| Health Care Details | | | |
|---------------------|--|----------------------------|--|
| Medicare | Card Number | | |
| Expiry date | | Student's position on card | |
| Private Health | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Provider | | | |
| Membership No | | | |

| Family Doctor's Details | |
|-------------------------|--|
| Doctor's Name | |
| Address | |
| Phone Number | |

| Family Dentist's Details | |
|--------------------------|--|
| Dentist's Name | |
| Address | |
| Phone Number | |

| Immunisation | | | |
|--|------------------------------|-----------------------------|---------------------------------|
| <p>Under the Public Health Act 2010 and the Public Health Regulation 2012, schools must request and record the immunisation status of each enrolled child.</p> <p>The Immunisation History Statement which is issued by the Australian Childhood Immunisation Register (ACIR), is required as proof of immunisation status for enrolment at school under the NSW Public Health Act 2010.</p> <p>More information can be found at http://www.health.nsw.gov.au/immunisation/pages/enrolment_primary.aspx</p> | | | |
| <p>A copy of the Immunisation History Statement must be attached to this form.</p> <p>I have attached a copy</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is your son Immunised against the following? | | | |
| | Yes | No | Date of last vaccination |
| Measles | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mumps | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rubella | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diphtheria | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tetanus | <input type="checkbox"/> | <input type="checkbox"/> | |
| Whooping Cough (Pertussis) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Polio | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hepatitis A Course | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hepatitis B Course | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hib | <input type="checkbox"/> | <input type="checkbox"/> | |
| Meningococcal C | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chicken Pox | <input type="checkbox"/> | <input type="checkbox"/> | |
| HPV (Human Papillomavirus) | <input type="checkbox"/> | <input type="checkbox"/> | |



| Infectious Diseases | | |
|--|--------------------------|--------------------------|
| Has your son contracted any of the following? | Yes | No |
| Measles | <input type="checkbox"/> | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | <input type="checkbox"/> |
| Rubella | <input type="checkbox"/> | <input type="checkbox"/> |
| Glandular Fever | <input type="checkbox"/> | <input type="checkbox"/> |
| Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> |
| Whooping Cough | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please provide details) | <input type="checkbox"/> | <input type="checkbox"/> |

| Asthma | | |
|--|-------------------------------------|------------------------------------|
| Does your son suffer from asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, then please provide the College with an Action Plan for your son's asthma with clear instructions and signed by the treating doctor. | | |
| Asthma Plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of Asthma Plan | | |
| Please note that you are required to provide the College with all updated Asthma Plans as they come into existence during your son's enrolment at the College. | | |
| Has your son been hospitalised for asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, last date of hospitalisation | | |
| Has your son been treated with oral cortisone in the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comments | | |
| | | |

| Diabetes | | |
|--|-------------------------------------|------------------------------------|
| Does your son suffer from diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, then please provide the College with an Action Plan for your son's diabetes with clear instructions and signed by the treating doctor. | | |
| Diabetes Plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of Diabetes Plan | | |
| Please note that you are required to provide the College with all updated Diabetes Plans as they come into existence during your son's enrolment at the College. | | |
| Comments | | |
| | | |



| Epilepsy | | |
|--|-------------------------------------|------------------------------------|
| Does your son suffer from epilepsy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, then please provide the College with an Action Plan for your son's epilepsy with clear instructions and signed by the treating doctor. | | |
| Epilepsy Plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of Epilepsy Plan | | |
| Please note that you are required to provide the College with all updated Epilepsy Plans as they come into existence during your son's enrolment at the College. | | |
| Comments | | |
| | | |

| Allergies | | | |
|--|-------------------------------------|--------------------------|--|
| Does your son suffer from any allergies? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| If yes then please list all types of allergies including food, plant, medication etc | | | |
| Allergic to | Yes | No | Severity |
| Bites If yes, please provide details here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Life threatening <input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> Information only |
| Foods If yes, please provide details here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Life threatening <input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> Information only |
| Medication If yes, please provide details here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Life threatening <input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> Information only |
| Stings If yes, please provide details here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Life threatening <input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> Information only |
| Other If your son is allergic to something not listed, please provide details here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Life threatening <input type="checkbox"/> Severe <input type="checkbox"/> Mild <input type="checkbox"/> Information only |



If yes, then please provide the College with an Action Plan for your son's allergy(s) with clear instructions and signed by the treating doctor.

| | | |
|------------------------------|-------------------------------------|------------------------------------|
| Allergy Plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of Plan | | |

Please note that you are required to provide the College with all updated Allergy Plans as they come into existence during your son's enrolment at the College.

Anaphylaxis

| | | |
|---|-------------------------------------|------------------------------------|
| Does your son suffer from anaphylaxis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-------------------------------------|------------------------------------|

If yes, then please provide the College with an Anaphylaxis Plan for your son with clear instructions and signed by the treating doctor.

| | | |
|----------------------------------|-------------------------------------|------------------------------------|
| Anaphylaxis Plan attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of Plan | | |

Please note that you are required to provide the College with all updated Anaphylaxis Plans as they come into existence during your son's enrolment at the College.

| | | |
|-------------------------------------|-------------------------------------|------------------------------------|
| Does your son have an EIPEN? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------|-------------------------------------|------------------------------------|

| | | |
|--|-------------------------------------|------------------------------------|
| EIPEN will be provided to the College | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|-------------------------------------|------------------------------------|

Please ensure to advise the College of the expiry date of EIPEN when provided to the College

It is the College's practice that parents provide two EIPENs. One is to be kept with the designated staff member responsible for student first aid and the other to be carried by the student at all times. In the **Junior School** EIPENs are to be kept at **Junior School Reception**. In the **Senior School** EIPENs are to be kept with **the Student Supervisor in the Sick Bay**.

You will be responsible for ensuring that the College is always in possession of an up-to-date Anaphylaxis Plan and an EIPEN that has not passed its expiry date.

Attention Deficit Disorder (ADD/ADHD)

| | | |
|--|-------------------------------------|------------------------------------|
| Does your son suffer from ADD/ADHD? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|-------------------------------------|------------------------------------|

If yes, then please provide the College with a signed report/letter from your son's treating doctor confirming the diagnosis and detailing all treatment and medication

| | | |
|--|-------------------------------------|------------------------------------|
| Report/letter from treating doctor attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|-------------------------------------|------------------------------------|

Please provide details of any current medications for ADD/ADHD

| Medication | Dosage | Frequency of dose |
|------------|--------|-------------------|
| | | |
| | | |
| | | |



| Counselling and Psychological | | |
|--|-------------------------------------|------------------------------------|
| Has your son ever required assistance from a counsellor or psychologist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, then please provide the College with details and please provide copies of all relevant reports | | |
| Comments | | |
| | | |

| Fractures/Surgical/Medical Procedures | | |
|--|-------------------------------------|------------------------------------|
| Has your son had any fractures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide details here: | | |
| Has your son had any major surgery in the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide details here: | | |
| Has your son had any head injuries/concussions in the last 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide details here | | |
| Has your son had any other medical procedure or incident in the last 12 months that the College should be aware of? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide details here | | |
| Blood Type (if known) please circle | | |
| AB- | B- | |
| AB+ | B+ | |
| A- | O- | |
| A+ | O+ | |



Other medical issues

Does your son suffer from any of the following?

Where you answer yes please provide any information/reports that the College requires

| | Yes | No |
|--------------------------|--------------------------|--------------------------|
| Sight issues | <input type="checkbox"/> | <input type="checkbox"/> |
| Nose bleeds | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic Fatigue | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing issues | <input type="checkbox"/> | <input type="checkbox"/> |
| Migraine | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurrent ear infections | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

In addition to the conditions listed above please advise the College of any other medical or health issues that we should be aware. Where appropriate please include all medical reports.

Medication

Parents are requested to inform the school of any medications being taken by students and of any changes to medication accompanied by a letter from the prescribing doctor detailing dose, time and specific instructions.

All medications taken during the normal school day – Mon to Fri 8.00am – 4.00pm, should be stored as follows:

- **Senior School Campus – with the Student Supervisor in the Sick Bay**
- **Junior School Campus – with the Junior School Receptionist**

unless other arrangements are made with the Principal.

When attending other school approved activities (e.g. camps, excursions, or sport) a supervising staff member will be responsible for the storage and administration of medications.

All medications administered will be recorded.

Non-Prescription or 'Over-the-Counter' Medications

No medication may be given to students unless authorised and supplied as stated below by parents.



Paracetamol (**Panadol**) tablets, Paracetamol (**Panadol**) mixture will be at Junior School reception and in the Senior School Sick Bay should it be required by your son. If you authorise us to administer Paracetamol tablets and Paracetamol mixture, to your son if required during the school day or while on a school excursion, camp or other school approved activity, please select 'Yes' below.

Authorisation for Administration of Non-Prescription Medications

| | | |
|----------------------------|------------------------------|-----------------------------|
| Paracetamol (e.g. Panadol) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ibuprofen (e.g. Nurofen) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If your son requires any other medication, please supply the information below. Any additional medications must be supplied in their original packaging and be labelled with your son's name and be accompanied by a letter from the prescribing doctor detailing dose, time and specific instructions

Prescription Medications

Authorised College staff may only administer or assist with the administration of any prescription or restricted medication if the medication is provided in its original container with label clearly displaying the student's name and the required dosage.

All medications will be stored in a locked cupboard either in the Senior School Sick Bay or at Junior School Reception.

Authorisation for Administration of Other Medications

| Medication | Condition taken for | Dose | Frequency | Time | Refrigeration |
|------------|---------------------|------|-----------|------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Water activities

| | | |
|--|------------------------------|-----------------------------|
| Do you give permission for your son to participate in water activities at the College? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can your son swim 50 metres confidently? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Statement of College Procedure

1. If a student is sick
 - a) Boys may consult the Student Supervisor in the Senior School or the Junior School Receptionist at recess or lunchtime but require permission from a teacher if they are required to seek assistance during class time. Students in Years 7-12 must bring their ID cards when visiting the Student Supervisor in the Sick Bay.
 - b) Junior School students must always have permission note from their class teacher when seeking first aid treatment from the Junior School Receptionist.
 - c) Boys who need to be sent home because of illness or injury must report either the Student Supervisor in the Senior School or to the Junior School Receptionist for Junior School students. Authorised staff will contact their parents. Parents must collect their son from either Senior School or Junior School reception where they will need to speak with the receptionist before taking their son home. Boys are not permitted to contact their parents directly and arrange to be picked up from the College.
 - d) Boys are discouraged from coming to school when they are not well.
2. If a student wishes to see the College Counsellor

If a student wishes to discuss matters he may seek help from the College Counsellor. There is a College Counsellor available in the Junior and Senior School. Students in the Junior School can approach their classroom teacher, Deputy Principal of the Junior School or Head of the Junior School to arrange an appointment with the counsellor. In the Senior School students may approach their Pastoral Mentor, Head of Year, Head of Senior School or the Principal. Parents may contact the counsellor to arrange an appointment on behalf of their son.
3. If a student is involved in an accident or is injured

If the student is ill or injured, necessitating urgent hospital; and /or medical treatment (for example injections, blood transfusions, surgery) and parents are not readily available to authorise such treatment, the Principal or, in his absence, a member of the College Executive, may give the necessary authority for such treatment. The parents indemnify St Aloysius' College, its employees and agents in respect of all costs and expenses arising directly or indirectly out of such treatment.

Privacy Statement

The information provided by you is only used and disclosed for the purpose of assessing your son's needs and providing him with appropriate care and medical treatment, while he is under the direct or indirect care or control of the school.

Information may be disclosed to school staff, medical practitioners and other people or organisations where it is necessary for the protection of your son's health. You may request access to this information at any time by contacting the school and should revise it as necessary to keep it up-to-date.

Failure to provide correct information may prevent the school from delivering appropriate care to your son.

- I/We confirm that all information contained in this form is correct
- I/We confirm that all medical information will be updated as needed and when required.
- I/We confirm we have read and understood the College's Statement on Procedure regarding accessing medical care for our son whilst at the College.
- I/we have read and understand the College's Privacy Statement. A copy of the College's Privacy Statement is available here: <http://www.staloyusius.nsw.edu.au/general/privacy>.



Both Parents/Guardians must sign the Student Medical Details Form

Name (Parent/Guardian 1) Date:

Signature (Parent/Guardian 1)

Name (Parent/Guardian 2) Date:

Signature (Parent/Guardian 2)