



## STUDENT HEALTH DETAILS FORM - CONFIDENTIAL STUDENT INFORMATION

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Greek School Attendance Day – please circle: WEDNESDAY THURSDAY FRIDAY SATURDAY

Year level: \_\_\_\_\_

Private Health Insurance: Yes or No Provider: \_\_\_\_\_ Number: \_\_\_\_\_

Is the student covered by the Ambulance Fund for emergency transportation by Ambulance: Yes/No

Ambulance Membership No: \_\_\_\_\_

Please specify the child's medical condition (e.g. asthma, anaphylaxis, etc.)


Please provide information in regards to the child's medical condition (e.g. triggers, signs, symptoms, treatment)


### It is the responsibility of parents to:

- Inform the school if their child has a diagnosed allergy or medical condition.
- Provide a medical management plan signed by a Registered Medical Practitioner (usually the family GP). According to our school's Anaphylaxis and Asthma Policy, if the appropriate management plan has not been provided the school reserves the right to not accept the student at school until such time that the management plan is supplied.
- Ensure that their child has the medication required on their person when attending school (e.g. EpiPen, Asthma reliever). According to our school's Anaphylaxis and Asthma Policy if the student does not have the appropriate medication on their person (e.g. EpiPen) the school reserves the right to not accept the student at school until such time that the student has the appropriate medication on them.
- Provide the school with updated information as required.

(OFFICE USE ONLY) Management Plan has been provided – please circle: Yes or NO

### Emergency Contact (other than parent/guardian):

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### Parent declaration:

I have provided the school with all relevant information and forms in regards to my child's medical condition/s. It is my responsibility to adhere to the school's policies. It is my responsibility to ensure that my child has the appropriate medication on them at all times.

Parent Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.