



Department of Education

Dwellingup Primary School
10 Newton Street, DWELLINGUP WA 6213
Phone: 08 9538 5100



FORM 1
STUDENT HEALTH CARE SUMMARY

SECTION A

Form fields for Year, Form, Teacher, Student's name, Date of birth, Gender, Address, and Postcode.

FAMILY CONTACT DETAILS

Form fields for Name, Relationship to student, Address, Telephone (Home), Telephone (Work), and Telephone (Mobile) for two family contacts.

MEDICAL DETAILS

Medical practice

Doctor 1

Telephone

Doctor 2

Telephone

Do you have ambulance insurance? YES NO - If yes, specify insurance provider:

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

List any essential information that could affect your child in an emergency e.g. allergy to penicillin.

Medicare Card number

Medicare Card Individual Reference Number (IRN)

Expiry date (dd/mm/yy)

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.

Note: All medication required must be supplied by parents/carers.

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? 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? (Check the box that applies)

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

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

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 STAFF.
(In response to the information below, you will be given further forms for specific health conditions to complete)

Health conditions (Check the box that applies)

- Severe Allergy/Anaphylaxis
- Minor and Moderate Allergies
- Diabetes
- Seizures
- Asthma
- Activities of Daily Living
- Other Conditions or Needs** (Please specify below)

Will school staff require specific training to support your child?

- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO
- YES NO

Has your child's Medical Practitioner provided a health care plan to assist the school to manage the condition?

YES NO - If yes, advise the Principal:

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

SECTION C - CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

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

I give permission for my child's medical details and photo to be on view for staff.

YES NO

If yes, please attach photo to the relevant health care plan(s).

SECTION D - MEDIC ALERT INFORMATION

Does your child have a Medic Alert bracelet or pendant?

YES NO - If yes, provide details below:

Parent/Carer Signature

Date

 / /

Parent/Carer Name

If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct. Note: In the event that statements made in this application later prove to be false or misleading this application may be declined. Information supplied may need to be checked by the school.

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

Note: Where appropriate students should be encouraged to participate in their health care planning.

OFFICE USE ONLY

Does the child have an allergy that needs to be flagged on SIS?

YES NO

Date

 / /

Have relevant health care plans been issued to the parent?

YES NO

Date

 / /

Has the Principal been informed if:

specific training is required to support the student?

YES NO

the student's health care information is to be restricted?

YES NO

Date Student Health Care Summary was entered onto SIS

 / /

Mental and behavioural disorder	Disease/condition of the nervous system
Adjustment disorder Anorexia Anxiety disorder Attachment disorder Avoidant/Restrictive Food Intake disorder Bipolar affective disorder Bulimia Conduct disorder Depression Dissociative disorder Gender dysphoria Mixed depression and anxiety Obsessive compulsive disorder Oppositional defiance disorder Paranoia Personality disorder Post-traumatic stress disorder Psychosis Reactive attachment disorder Social anxiety disorder Tic disorder Tourette syndrome	Acquired brain injury Agenesis of the corpus Arachnoid cysts Batten disease Brain aneurysm Bulbar syndrome Cerebral palsy Chronic fatigue syndrome Colpocephaly Complex regional pain disorder Dandy walker syndrome Dysautonomia Encephalopathy Essential tremor Fibromyalgia Hydrocephaly Hypertonia Hypotonia Juvenile huntington disease Lipomas of corpus callosum Macrocephaly Microcephaly Migraine – diagnosed Mobius syndrome Mucopolysaccharidosis/Sanfilippo syndrome Narcolepsy Neuropathic Pain PANDAS syndrome Phrenic Nerve Palsy Rett syndrome Septo optic dysplasia Shunt Spina bifida Thermoregulation Tuberous sclerosis West syndrome
Seizure disorder	Childhood cancer
Absence seizures epilepsy Myoclonic epilepsy Refractory epilepsy Tonic-clonic epilepsy	Bone cancer Brain and/or spinal cord tumours Lymphoma Lymphoblastic leukaemia Neuroblastoma Retinoblastoma Rhabdomyosarcomas
Allergy – Anaphylaxis	Allergy – other
Allergy - Anaphylaxis	Cough Eczema Hay fever Hives Other Rash

Auto-immune/immune disorder	Respiratory disorder
<p>Alopecia areata Coeliac disease Food protein-induced enterocolitis syndrome Mannose-binding lectin deficiency Multiple sclerosis Lupus X-Linked agammaglobulinemia</p>	<p>Asthma Bronchiectasis Chronic bronchitis Chronic Lung Disease Pallid attack Pneumonia</p>
Blood disorder	Heart disease/disorder
<p>Anaemia Factor V Leiden Haemophilia Thalassemia Vasculitis Von Willebrand disease Wyburn-Mason syndrome</p>	<p>Hypertensive disease – high blood pressure Hypotensive disease – low blood pressure Kawasaki disease Pulmonary heart disease Rheumatic heart disease Tachycardia Ventricular heart defect</p>
Musculo – skeletal condition	Endocrine and metabolic disorder
<p>Centronuclear myopathy Craniosynostosis Ehlers-Danlos syndrome Hip dysplasia Joint hypermobility Juvenile arthritis Juvenile Dermatomyositis Kohler’s disease Marfan syndrome Meyers dysplasia Muscular dystrophy Neurofibromatosis type 1 Osgood Schlatter condition Osteo imperfect Perthes disease Scoliosis Severs disease Talipes Von Eulenburg disease</p>	<p>Adrenal insufficiency Diabetes Hypopituitarism Hypothyroidism Multiple pituitary hormone deficiency Pan-hypopituitarism Thyroid</p>
Congenital or chromosomal malformation	Infectious disease
<p>Achondroplasia Amniotic band syndrome Angelman syndrome Beckwith–Wiedemann syndrome Charcot Marie tooth disease CHARGE syndrome Coffin Lowry syndrome Coffin-Siris syndrome Congenital central hypoventilation syndrome Cystic fibrosis Down syndrome Ectodermal dysplasias Fetal alcohol spectrum disorder (FASD) Fragile X syndrome G6 PD deficiency Hyperglycemia Klinefelter syndrome Klippel-Feil syndrome Malignant hyperthermia MCADD - metabolic disorder Oculocutaneous albinism Phelan-McDermid syndrome</p>	<p>Cytomegalovirus Croup Hepatitis HIV/AIDS Meningococcal disease Tuberculosis</p>

Phenylketonuria Pierre Robyn syndrome Potocki-Lupski syndrome Prader Willi syndrome Rubinstein-Taybi syndrome ScN2A (sodium channel) gene mutation Situs inversus with dextrocardia Trisomy 21 Turner syndrome Velocardiofacial syndrome Wolf-Hirschhorn syndrome	
Gastro intestinal/urinary condition	Neuro/developmental disorder
Crohn's disease Cyclic vomiting syndrome Diurnal encopresis Diurnal enuresis Dumping syndrome Gastrostomy Hirschsprung syndrome Hypospadias Irritable bowel syndrome Kidney disorder Kidney transplant Liver disease Liver transplant Necrotising enterocolitis Neurogenic bladder Neurogenic bowel Pancreatitis - chronic Primary sclerosing cholangitis Reflux Stomach ulcer Ulcerative colitis	Attention deficit disorder (ADD) Attention deficit hyperactivity disorder (ADHD) Autism Auditory processing disorder DAMP syndrome Diagnosed language disorder Dyscalculia Dysgraphia Dyskinetic movement disorder Dyslexia Dyspraxia Hyperactivity Intellectual disability Selective mutism Sensory processing disorder SLD with impairment in reading SLD with impairment in written expression SLD with impairment in mathematics Smith-Magenis syndrome Verbal dyspraxia Visual processing disorder William's syndrome
Oral/phalangeal disorder	Deaf and hard of hearing
Dysphagia Floppy voice box Trachea-oral fistula Tracheobronchomalacia Tracheostomy Tracheostomy fistula	Conductive hearing loss Otitis media Perforated ear drum Sensorineural hearing loss
Optical/vision disorder	Other
Colour vision deficit Keratoconjunctivitis sicca Vision impairment	Acquired absence of limb Granuloma annulare Incontinence – faecal Incontinence – urinary Nosebleed – severe and recurrent