



# Medical Information

**NAME OF STUDENT**

**YEAR LEVEL**

**DAY STUDENT**

**BOARDER**





Has your daughter had the following vaccinations? If yes, please tick all appropriate boxes.

- 6 Week Immunisation  
 3 Month Immunisation

- 5 Month Immunisation  
 15 Month Immunisation

- 4 Year Immunisation  
 11/12 Year Immunisation

**NAME OF GP**

**PHONE NUMBER**



DOES YOUR DAUGHTER SUFFER FROM?		SEVERITY (low/medium/high)	MEDICATION REQUIRED (Medicine Authority form required if this is to be administered by the school)
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Action Plan		
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Action Plan		
Migraine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Action Plan		
Head Injury / Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Allergy <i>If yes, please provide full details in boxes provided.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Requires EpiPen? <i>If yes, please provide Anaphylaxis action plan.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Action Plan		
Any condition that we should know about? <i>If yes, please explain, e.g. dietary, physical or health condition.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- I give permission for the school to administer Paracetamol if necessary  Yes  No
- I give permission for the school to administer Ibuprofen if necessary  Yes  No
- I give permission for the school to administer antihistamine tablets if necessary  Yes  No
- I give permission for the school to administer Prospan (bronchial syrup)  Yes  No (Boarders only)

**IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY**

- If the school is unable to contact me, or if the accident is serious, I give permission for the school or delegate to take my daughter to Accident and Emergency or doctor.
- I give permission for the school to make such arrangements as are necessary for the treatment of my daughter in an emergency and agree to meet any costs incurred.
- I accept that while my daughter is a student at St Matthew's Collegiate it is my responsibility to inform the school of any important medical condition that my daughter develops.

**NAME OF PARENT/LEGAL GUARDIAN/CAREGIVER**

**SIGNATURE**

**DATE**



# Learning/Behavioural Information

HAS YOUR DAUGHTER PREVIOUSLY RECEIVED SUPPORT FOR, OR HAS BEEN DIAGNOSED WITH ANY OF THE FOLLOWING?

ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:
ASD	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dyslexia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dysgraphia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dyscalculia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dyspraxia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Speech and Language needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sensory needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other learning/behavioral needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please provide details below.</i>

Has your daughter received any intervention at school or by a tutor?  Yes  No

Is regular medication required for any of the above?  Yes  No *If yes please provide details below*

Does this need to be administered at school?  Yes  No *If yes please provide details below and complete a Medicine Authority form*

## Details

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Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-harm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other mental health condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details below.</i>

Is regular medication required for any of the above?  Yes  No *If yes please provide details below*

Does this need to be administered at school?  Yes  No *If yes please provide details below and complete a Medicine Authority form*

## Details

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**PLEASE ATTACH ANY CURRENT REPORTS/ASSESSMENTS IN RELATION TO THE ABOVE.**

Note: This does not include school reports.