



# LYNEHAM HIGH SCHOOL

*Care Quality Creativity*



## GENERAL MEDICAL INFORMATION AND CONSENT FORM

Dear Parents/Carers

Attached is a General Medical Information and Consent Form. Your cooperation in completing and returning the attached form promptly would be appreciated.

The information you are requested to give on the attached form will be used to record the student's medical, accident and other details. The contents and use of this form meet the requirements of the *Privacy Act 1998 (Cwlth)* and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

To ensure that the information on the form is accurate and current, you are requested to advise the school immediately of any changes. You will also be asked to complete a new form at the beginning of each school year.

### ***Management of Medical Conditions***

The department is committed to providing a safe and healthy environment for students. While school staff has a duty of care to students to provide first aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication. In these cases, departmental policy requires principals to ensure that a comprehensive written authority is obtained from the student's parents and also seek from them a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

### ***First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy***

You are asked to indicate on the attached Medical Record form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes or epilepsy, Emergency Treatment Plans must be completed, signed by both parents/carers and the student's doctor and provided to the school. Proformas for these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

***Emergency Treatment of an Asthma Attack: please read this section carefully and seek clarification from your family doctor if necessary.***

These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately. Where indicated, a bronchodilator inhaler device (“puffer”) will be administered while awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems. This treatment could be lifesaving and ACT Health (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

***Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device***

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side-effects.

***Medical Services for Students attending ACT Government Schools***

ACT Health advises that the following arrangements apply to students in ACT Government Schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

***Ambulance Transportation***

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT. Parents and guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT.

Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

***Casualty Treatment***

1. Under the Medicare arrangements no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, s/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

**This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student at school.**

The department collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/Carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

### GENERAL MEDICAL INFORMATION AND CONSENT FORM

Student's Name: ..... Date of Birth: ..... Sex:  M  F

School: ..... School Year: .....

Parent/Guardian: .....

Address: .....

Telephone Contact Nos - Business Hours: ..... After Hours: ..... Mobile:.....

Other Contact for Emergency: ..... Telephone No: .....

Name of Student's Doctor: ..... Telephone No: .....

Medicare No: ..... Private Health Fund: ..... Membership No: .....

Ambulance Fund: ..... NOTE: Parents are responsible for ambulance costs outside the ACT

Please tick if your child suffers any of the following:

- |                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies   | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma      | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
|                                      |   |  |  | <input type="checkbox"/> sun screen sensitivity |

other .....

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection: .....

Is the student presently taking any medication? n Yes  No

NB. In accordance with the Medication Policy, parents must give written permission and directions for the administration of any medication taken during school hours or after hours school activities.

Are you aware of any physical or psychological limitations of your child? Please give details. ....

.....

Is there any other information which you believe may help us to provide the best possible care? .....

.....

**Consent to medical attention.** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Name of Parent/Carer.....

Signature..... Date: .....