

Adelaide High School

Student Medical and Health Information 2020



Surname _____ Given Name _____ Year Level _____

The safety, well-being and health of your child are vitally important to us. We make every effort to assist our students, parents and carers in all matters, but can only do so with your cooperation. Please complete the following information.

MEDICAL CONDITIONS

Does this student have any medical condition or health problem that might affect him/her? Yes/No

If YES, please fill in the appropriate places below. If NO, please sign below & return to school.

Condition	YES ✓	Likelihood of occurrence & any other relevant information
Severe Allergy (Anaphylaxis) List triggers Foods/Drug/Insects		
Mild Allergy List triggers.....Foods/Drug/Insects		
Asthma		
Other Respiratory		
Diabetes		
Epilepsy / Seizures		
Heart Condition		
Migraine		
Intellectual Disability or Impairment		
Physical Disability or Impairment		
Other - please specify		

If this student has a **known health condition**, please provide the school with a copy of a Health Care Plan completed & signed by a treating health professional.

Health care plans are available on the school website: www.adelaidehs.sa.edu.au

MEDICATION - Is it necessary for this student to carry and/or self-administered medication at school or while on school activities? **Yes/No** Name of medication/s _____ Location _____ bag/locker.
It is the responsibility of the parent or legal guardian to ensure medication/s is in date, and has original pharmacy label & container that includes name, dose and administration instructions.

**** Please note that all restricted & controlled medications need to be kept in Student Services.

Does this student need to keep medication in first aid room? Yes/No

Name of medication/s _____

If yes, a Medication Agreement Form needs to be completed by an approved treating health professional.

All medication/s need to be in date, and have the original pharmacy label & container that includes name, dose and administration instructions

Medication agreement forms are available on the school website: www.adelaidehs.sa.edu.au

Special Aids - Does this student need to use special aids at school? Yes No

If you have answered YES, please fill in the appropriate places.

Spectacles - Reading/Distance Mobility Issues

Contact Lens Wheelchair - Powered

Hearing Aid Wheelchair - Hand-propelled

Does the student require access to the lift? Yes No

Does the student require assistance with personal care? Yes No

If YES, please specify –

NAME OF PARENT _____

PHONE _____

SIGNATURE OF PARENT/CARER _____

DATE _____

Office Use	Health Care Plan Received & Edsas Updated	Follow up Letter	2 nd Follow up Letter
	Date :	Date:	Date: