

Dear Parent / Carer

## **MEDICAL INFORMATION/CONSENT AND KNOWN MEDICAL CONDITION RESPONSE PLAN**

I am attaching a *Medical Information and Consent Form* and a *Known Medical Condition Response Plan* for you to complete and return to the school by Friday 14<sup>th</sup> May 2021. This information will assist school staff to provide appropriate first aid support for your child.

The ***Medical Information and Consent Form*** provides general medical information and consent for first aid and the administration of authorised medications; salbutamol (ventolin) and adrenaline in the event of a life threatening asthma or anaphylaxis emergency.

The ***Known Medical Condition Response Plan*** is required only for students with a known medical condition. It provides instruction for the management of an identified medical condition and should be completed in consultation with the treating health professional. Without this form, in an emergency situation first aid can only be given in accordance with a publically available generalised action plan related to the condition.

If medication is required to be administered at school a *Medication Authorisation and Administration Record* must also be completed and returned to the school. An individual *Medication Authorisation and Administration Record* must be completed for each medication.

It is important that information on these forms is accurate and detailed in order to help us provide appropriate care.

**The *Medical Information and Consent Form* and *Known Medical Condition Response Plan* will be sent to you annually for your review.**

However, if there are changes to your child's health or medical circumstances, during the year, please inform the school immediately. You may also choose to keep certain medical information private. When making this choice, please consider whether this might affect the provision of appropriate first aid care for your child.

If an incident occurs at school or during a school-related activity in the ACT, students will be transported free of charge to the emergency section of an ACT public hospital. Parents/carers are reminded to check their health cover for ambulance transportation outside the ACT, as charges may apply.

Please complete and return to the school front officer or senior office, the attached forms by Friday 14<sup>th</sup> May 2021, to assist staff to provide appropriate first aid support for your child.

Yours sincerely

Gai Beecher  
Principal  
Amaroo School  
5/05/2021

**All students must return:**

- Medical Information and Consent Form

**Students with a known medical condition which does not require medication must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan  
(if not provided to the school for 2021)

**Students with a known medical condition not listed below who require medication must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Medication Authorisation and Administration Record  
(if not provided to the school for 2021)

**Students with Asthma must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Asthma Management Plan downloaded from [National Asthma Organisation Website](#)  
(if not provided to the school for 2021)
- Medication Authorisation and Administration Record  
(if not provided to the school for 2021)

**Students with Anaphylaxis must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Anaphylaxis Management Plan downloaded from [Australian Society of Clinical Immunology and Allergy Website](#)  
(if not provided to the school for 2021)
- Medication Authorisation and Administration Record  
(if not provided to the school for 2021)

**Students with Diabetes must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Diabetes Management Plan downloaded from [Diabetes Victoria Website](#) (click on “How we help” and “Schools and early childhood settings”)  
(if not provided to the school for 2021)
- Medication Authorisation and Administration Record  
(if not provided to the school for 2021)

**Students with Epilepsy must return:**

- Medical Information and Consent Form
- Known Medical Condition Response Plan
- Epilepsy Management Plan downloaded from [Epilepsy Action Australia Website](#)  
(Register and call 1300374537 for free access)  
(if not provided to the school for 2021)
- Medication Authorisation and Administration Record  
(if not provided to the school for 2021)

### Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)					
Student's Name				Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>
School				School Year	
Parent/Carer Name				Address	
Telephone Contact	Mobile		Home		Business
Emergency Contact 1				Telephone	
Emergency Contact 2				Telephone	
Name of Qualified Health Professional				Telephone	

Section B – Medical Information	
<b>Please tick if your child suffers any of the following:</b>	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fits or blackouts
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Slight/Hearing Problems	<input type="checkbox"/> Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
<b>Please identify whether your child is presently taking any medication:</b>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
<ul style="list-style-type: none"> <li>For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication).</li> <li>For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>.</li> </ul>	
Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation	
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ol style="list-style-type: none"> <li>the provision of first aid;</li> <li>the provision of analgesics;</li> <li>treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant).</li> </ol>	
<p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p>	
<p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p>	
<p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>	
Parent/Carer Signature	Date

The Directorate 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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only			
Student Central ID	Entered into MAZE	<input type="checkbox"/>	Date

## Instructions

This plan is required for any student with a known medical condition, short or long term, that:

- requires intervention i.e. the administration of medication or other support; and/or
- could lead to a medical emergency.

Section D may be replaced by a condition specific management plan e.g. asthma, diabetes, epilepsy and/or anaphylaxis available from relevant associations or treating medical practitioners. **If a student already has a signed ASCIA Action Plan for Anaphylaxis, Section D should not be completed.** If a student requires a more detailed Known Medical Condition Response Plan this should be referred to the student's qualified health professional to prepare.

This plan must be reviewed annually. Parents/carers must inform the school immediately if there are any changes to the plan.

Section A – Personal Details (please fill in clearly)			
Student's Name		Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>
School		School Year	
Parent/Carer Name		Address	
Telephone Contact	Home	Business	Mobile
Emergency Contact 1		Telephone	
Emergency Contact 2		Telephone	
Name of Qualified Health Professional		Telephone	

Section B – Management Approach and Medication		
Student can self-manage care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School staff assistance is required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student is presently prescribed medication?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
*Please complete and attach a <i>Medication Authorisation and Administration Record</i> form		

Section C – Parent/Carer Authorisation			
1. I give permission for my child to: <ol style="list-style-type: none"> <li>be treated by school staff in accordance with this plan if required;</li> <li>be identified by section D which includes a photograph of my child and treatment information to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered appropriate.</li> </ol>			
2. As a parent/carers I will notify you immediately of any change to this plan and provide a reviewed version.			
3. I understand that I am responsible for any ambulance costs outside the ACT.			
Parent/Carer Signature		Date	
<b>Qualified Health Professional Endorsement</b> - I am aware of, and support, the health care treatment/actions outlined in Section D of this form.			
Qualified Health Professional Name		Title	
Qualified Health Professional Signature		Date	
<b>Principal/Delegate Agreement</b> - I am aware of, and support, the health care treatment/actions outlined in Section D of this form.			
Principal/Delegate Name		Title	
Principal/Delegate Signature		Date	
<b>Support Staff/Authorised Person Agreement</b> - I agree to undertake the relevant health care treatment/actions outlined in Section D of this form. I understand the instructions and/or have received appropriate training for the health care treatment/actions.			
Support Staff Name/s		Title	
Support Staff Signature/s		Date	

## Section D – Known Medical Condition Response Plan

Please download the relevant condition specific management plan or a more detailed *Known Medical Condition Response Plan* if your child has:

- Diabetes - [Diabetes NSW & ACT-School Diabetes Action and Management Plans](#)
- Asthma - [National Asthma Council Australia Website](#)
- Anaphylaxis - [Australasian Society of Clinical Immunology and Allergy Website](#)
- Epilepsy - [Epilepsy ACT](#)

**Student Name**

**Medical Condition**

**Detail the student's usual symptoms, triggers and the action that is typically taken:**

**Detail any regular procedures that need to occur at school (including the role of support staff) i.e. supervision, giving medication, perform a task for student.**

**Clear signs that indicate Emergency Treatment needed:**

**Emergency Treatment Actions**

**Step 1:**

**Step 2:**

**Step 3:**

**Call ambulance when student:**

The Directorate 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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records(Privacy and Access) Act 1997*.

**Office Use Only**

Student Central ID

Entered into MAZE

Date