

Student details – additional information

Student name

8. What is the expiry date of the adrenaline autoinjector that will be provided to the school?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month			year		

If not known at the time of completing this form, the school will require this information on enrolment.

9. Does your child have an ASCIA Action Plan for Allergic Reactions? Yes No

10. If yes, is this plan attached? Yes No

Each time your child is prescribed a new adrenaline autoinjector the doctor should issue an updated ASCIA Action Plan for Anaphylaxis. It is important that a copy of any updated plan is provided to the school.

11. Please list any other medication prescribed for this allergy.

The school will require further details in relation to prescribed medication on enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

Please identify and provide details below of any other medical condition for which your child is being treated. (If more than one condition or insufficient space, please attach additional pages and include answers to all 7 questions that follow).

Medical condition:

1. Has a doctor diagnosed this condition? Yes No

2. Has your child been hospitalised with this condition? Yes No

3. If yes, which hospital?

4. Does your child have a documented action plan from a doctor (eg asthma action plan)? Yes No

5. If yes, is this plan attached? Yes No

6. Is your child taking prescribed medication for this condition? Yes No

7. If yes, what is the prescribed medication?

The school will require further details in relation to prescribed medication on enrolment.

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