

Student Medical Information Form



When applying for enrolment at Little Investigators Early Learning Centre, this form should accompany your Enrolment Application Form.



Please complete this form, and return to the Investigator College Reception. This form, and the details provided, are required for entry onto the student's record, prior to commencement.

Medical Information: Provision of Information

Under Australian Law and the reasonable expectation of duty of care for our students, Investigator College is required to collect information related to the health, medical requirements and general wellbeing of each individual student.

Accuracy of Information

Please read and complete all questions carefully, and ensure that you are honest and accurate in your answers to all questions.

Informing Investigator College of relevant and up-to-date health, medical or wellbeing-related information - and ensuring that it remains accurate over time - is the responsibility of Parents/Caregivers or Legal Guardians.

Failure to provide accurate and honest information impairs our ability to ensure we are providing the best possible care and support for your child. Investigator College accepts no responsibility or liability for the provision of inaccurate information, nor for any situations wherein staff or representatives are acting on such information.

Collection of Information and Privacy

The provision of information to Investigator College is protected by both the Investigator College Privacy Policy and the Australian Privacy Act (1988). Information provided is treated as sensitive and every effort is taken to ensure that it remains confidential.

Form Iconography



Attachment (Paper Clip)

This icon indicates a document that may need to be attached, based on your answers in each section.



Early Learning Centre (ELC Building)

This icon indicates a section that must be completed for enrolment into our Early Learning Centre.



Student Medical Details



Please complete the section below, ensuring that you provide all required information and attach any relevant documentation.

Student Information

Surname:	<input type="text"/>		
Given Names:	<input type="text"/>		
Date of Birth:	<input type="text" value="/"/> <input type="text" value="/"/>	Year Level	<input type="text"/>

Parent/Caregiver Contact #1

Name:	<input type="text"/>		
Mobile Phone:	<input type="text"/>	Relationship to Child	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
City/Town/Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

Parent/Caregiver Contact #2

Name:	<input type="text"/>		
Mobile Phone:	<input type="text"/>	Relationship to Child	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
City/Town/Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>

Common/Known Medical Conditions

Does your child have any of the following conditions?

Asthma* Yes No

Allergies^ Yes No

Diabetes# Yes No

Epilepsy/Seizures+ Yes No

ADD or ADHD Yes No

Sight/Hearing Impairment Yes No

Epistaxis (Nose Bleeds) Yes No

Travel Sickness Yes No

Dermatitis/Eczema Yes No

If answering 'Yes' to any of the above conditions, without a separate management plan, please provide any relevant details below:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Attach Medical Plans

*Asthma Management



Asthma Management Plan

If relevant, please ensure you attach a copy of your child's current Asthma Management Plan.

^Allergy Management

If your child has allergies, please provide details:

.....

.....

.....



Allergy/Anaphylaxis Management Plan

If your child requires an EpiPen for a severe allergy (anaphylaxis), please attach a current care plan from the treating doctor.

#Diabetes Management



Diabetes Management/Care Plan

If relevant, please ensure you attach a copy of your child's current Diabetes Care/Management Plan.

+Epilepsy/Seizure Management



Epilepsy/Seizure Management Plan

If relevant, please ensure you attach a copy of your child's current Epilepsy/Seizure Management Plan.

Other Medical Conditions

If your child has any other medical condition(s) that we need to be aware of, please provide details below:

.....

.....

.....

.....

Emergency Contact #1

In the event of an emergency situation, and should the listed Parents/Caregivers be unreachable, Investigator College requires the details of two (2) additional contacts for your child. It is vital that these contacts are NOT the listed Parents/Caregivers, and that at least one (1) contact can serve as a safe contact in the event of a bushfire.

Name:	<input type="text"/>		
Mobile Phone:	<input type="text"/>	Relationship to Child:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
City/Town/Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>

Emergency Contact #2

Name:	<input type="text"/>		
Mobile Phone:	<input type="text"/>	Relationship to Child:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
City/Town/Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>

Authorisations for Emergency Contact #1

I/We authorise Emergency Contact #1 to:

Collect my child from grounds/premises/events Yes No

Provide permission for my child to attend excursions Yes No

Approve medical treatment Yes No

Which of the above Emergency Contacts should be contacted in the event of a bushfire?

Authorisations for Emergency Contact #2

I/We authorise Emergency Contact #2 to:

Collect my child from grounds/premises/events Yes No

Provide permission for my child to attend excursions Yes No

Approve medical treatment Yes No

Contact #1 Contact #2



Additional Health and Wellbeing Information

Dietary Requirements

Does your child have any specific dietary requirements?

Yes⁺ No

.....

⁺If answering 'Yes' to the above, please provide details below:

.....
.....
.....
.....
.....
.....

Psychological/Behavioural Issues

Does your child have any other learning issues or psychological/emotional/behavioural issues

Yes[^] No

.....

[^]If answering 'Yes' to the above, please provide details below:

.....
.....
.....
.....
.....
.....

Health Services and Health Insurance

Doctor/Medical Centre: Phone:

Dentist/Dental Clinic: Phone:

Medicare No: Line No: Valid To: /

Private Health Insurance? Yes No Fund Name & Number

Ambulance Member? Yes No Member Number:



Medication

Required Medication

Does your child need to take any form of regular medication at school?

Yes No

If answering 'Yes' to the above, please provide details below (attach additional pages if needed):

Condition	Medication Name:	Dose:	Frequency:

Attach Medication Advice

Medication Management



Medication Management Plan

If relevant, please ensure you attach a copy of your child's current Medication Management Plan.


Administration of Basic Medication/Health and Wellbeing Checks

Please indicate whether you wish to give permission for Investigator College staff to administer the following basic medication and/or general health/wellbeing checks:

Panadol Yes No

Head Lice Check Yes No

Immunisations



If applying to enrol in our Early Learning Centre, please ensure that you complete this section, and provide the relevant records as indicated.

Is your child up to date with their immunisations (Hepatitis A/B, Diphtheria, Tetanus, Whooping Cough, Meningococcal B, Pneumococcal, Polio, Measles/Rubella/Chickenpox)?

Yes No

Attach Immunisation Records

Required: Early Learning Centre Proof of Immunisation



Immunisation Records

Please attach a copy of your child's current Proof of Immunisation or most recent Immunisation History Statement (available via Medicare).



Toilet Training



If applying to enrol in our Early Learning Centre, please ensure that you complete this section.

Toilet Training

Is your child toilet trained?

Yes

No

Please Note: Toilet training is a requirement for all children enrolling in the Early Learning Centre.

Sunscreen



If applying to enrol in our Early Learning Centre, please ensure that you complete this section.

Parent-Provided Sunscreen

If electing to provide your own sunscreen for your child, please provide additional details as to the reason for using this particular sunscreen:

.....

.....

.....

.....

.....

.....

.....

Sunscreen and Sun Protection

During outdoor activities, our Duty of Care requires us to ensure that those in our care are adequately protected from the elements. Please select an option from the below for the provision of sunscreen for your child:

I/We give permission for my/our child to use sunscreen provided by Investigator College and/or Little Investigators Early Learning Centre (listed below).

Sunscreen Details:

Cancer Council Kids Sunscreen SPF 50+

Allergy Declaration

Based on your selection of sunscreen (either service-provided or electing to provide your own), please check the box below to indicate that you understand and agree with the following:

I/We acknowledge that my/our child has used this sunscreen before, and has not had any known allergic reaction.

*Provided Sunscreen Details:

.....

.....



Additional Information

Alerts

Investigator College occasionally sends automated alerts to Parents/Caregivers regarding unexplained absences and other minor incidences that may occur during the course of a normal day.

Please provide a valid mobile phone number and email address for the recipient of these alerts below:

Mobile Phone:

Email:

Legal Information

It is a legal requirement for a copy of any current Court Orders or similar documents pertaining to your child to be kept on file at Investigator College.

Attach Court Orders (if relevant)

Court Orders/Legal Documents



Court Orders

If relevant, please ensure you attach a copy of any Court Orders or applicable legal documents to this form.

Declaration

Declaration

- I/We have read, understood and agreed with the information presented on this form, and understand that the information I/we have provided will be securely kept on file by Investigator College.
- I/We confirm that all of the information provided is, to the best of my/our knowledge, accurate and correct at the time of submitting this form to Investigator College.
- I/We understand that, should any of the information or details provided in this form change, it is my/our responsibility to inform Investigator College of these changes, and to ensure that Investigator College has access to accurate and current information at all times.

Name of Parent/Caregiver 1 (Please Print)

/ /

Signed (Parent/Caregiver 1)

Date

Name of Parent/Caregiver 2 (Please Print)

/ /

Signed (Parent/Caregiver 2)

Date