



Medical Management and Emergency Treatment Plan

This record is to be completed by parents/carers annually, and if necessary, in consultation with their daughter's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the plan. Please print your answers clearly in the blank spaces where indicated.

The College 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 daughter'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. Parents/carers note that in the absence of a Medical Management and Emergency Treatment Plan only standard First Aid should be administered.

Section A – Personal Details

Student's Name: _____		
Home Room: _____	Year Level: _____	Date of Birth: _____
Emergency Contact: (e.g. parent, carer):		
1. Parent/Guardian		
Name: _____	Ph (hm) _____	
Relationship: _____	Wk/Mobile: _____	
2. Name: _____		
Relationship: _____	Ph (hm) _____	
GP (Doctor): _____	GP Ph: _____	
Address: _____		

WE MUST BE ABLE TO REACH THE ABOVE EMERGENCY CONTACTS AT ALL TIMES

Section B – Medical Details

Medicare No: _____

Private Health Agent: _____ Membership No: _____

My daughter **does not** currently have a medical condition. **Go to Section D.**

My daughter has the following medical condition/s:

**Note: HIGH risk applies to severe conditions that could put life at risk (e.g. Diabetes, Anaphylaxis, Severe Asthma, Epilepsy).*

Medical Condition 1 HIGH* MEDIUM LOW

**If "HIGH" risk is ticked, then a Medical Management Plan from the GP must be included.*

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Medical Condition 2 HIGH* MEDIUM LOW

*If "HIGH" risk is ticked, then a Medical Management Plan from the GP must be included.

Section C – Emergency Treatment Plan

In an **Emergency** follow the Plan below that has been ticked ().

Emergency Treatment Plan (If insufficient space please attach an additional sheet.)

OR

My Daughter’s Medical Management and Emergency Treatment Plan provided by her Doctor is attached (compulsory for HIGH risk conditions).

Section D – Permission

Schools require medical authorisation from a prescribing health practitioner to administer any medication to students including over-the-counter medications such as paracetamol or alternative medicines.

If your daughter requires medication while at school, camp or on excursion please fill out the ‘Request to Administer Medication Form’. Medication should be provided in original pharmacy labelled container to the school. Please ensure medication is not out of date and has an original pharmacy label with the student’s name, dosage and time/s to be taken.

I/We **give / do not give** permission for my/our child to be treated by staff at school, in an emergency, using the preferred Medical Management and Emergency Treatment Plan as outlined above or with basic First Aid if no plan has been provided.

I/We **give / do not give** permission for my/our child to be given paracetamol by a First Aid Officer while they are off campus on an excursion or camp, if it is deemed necessary.

As a parent/carer I will notify you in writing immediately if there are any changes to these instructions.

Signed *Dated*

Parent/Guardian Name: (Please Print)