



St Joseph's School, Waroona  
Student Medical Information 2019

Student Name: \_\_\_\_\_ Year Level in 2019: \_\_\_\_\_

1. Does your child have any allergies? Yes  No

If 'yes', please state allergy: \_\_\_\_\_

Is your child anaphylactic? Yes  No

If 'yes' to above, please list anaphylactic triggers (e.g. peanuts, egg)

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**Please urgently forward an action plan for Anaphylaxis or Allergy to the School's Office (available from your doctor).**

2. Does your child wear a Medic Alert bracelet? Yes  No

If 'yes', please state why: \_\_\_\_\_

3. Does your child suffer from asthma? Yes  No

If 'yes', how severe is the asthma? Mild  Moderate  Severe

Is your child on preventative medication? Yes  No

Does your child use a Ventolin inhaler? Yes  No

Can your child use a Ventolin inhaler on their own? Yes  No

4. Does your child wear glasses? Yes  No

If 'yes', when should they be worn?

At all times in the classroom  Only for board/book work  Only for reading

5. Has your child been referred to any of the following medical specialists? (Tick any that apply)

Speech Therapist  Physiotherapist

Occupational Therapist  Eye Specialist/Optomtrist

Ear/Nose/Throat Specialist  School Psychologist

Paediatrician  Other specialist

Is there anything we need to know about the result of this referral (eg. diagnosed with hearing loss)

\_\_\_\_\_

6. Please state any other medical condition your child may have or suffer from.

\_\_\_\_\_

7. Medical Emergency Authorisation.

I authorise St Joseph's School to seek medical/dental attention, call an ambulance, transport by private car or to hospitalise my child when considered necessary. I further authorise St Joseph's School that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, St Joseph's School has the authority to agree to medically recommend treatment by an accredited medical practitioner on my behalf.

**Please update this information with the school office if circumstances change.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_