



St Joseph's School, Waroona
Student Medical Information 2022

Student Name: _____ Year Level in 2022: _____

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)

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 | <input type="checkbox"/> | Physiotherapist | <input type="checkbox"/> |
| Occupational Therapist | <input type="checkbox"/> | Eye Specialist/Optomist | <input type="checkbox"/> |
| Ear/Nose/Throat Specialist | <input type="checkbox"/> | School Psychologist | <input type="checkbox"/> |
| Paediatrician | <input type="checkbox"/> | Other specialist | <input type="checkbox"/> |

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.
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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: _____