



# ELTHAM HIGH SCHOOL

## NOTIFICATION DOCUMENT *Student Medical Requirements Form*

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### **Part 1 – Student Details**

Student Full Name

Date Of Birth (d/m/yyyy)

### **Part 2 – Student Medical Conditions**

*Does the student suffer from any of the following conditions?*

**Anaphylaxis**

**Asthma**

**Diabetes**

**Epilepsy**

**Other**

*If you have selected any of the above conditions, please provide further information as per **'Part 3 – Medical Condition Document Checklist'***

*Does the student take any regular medications that will need to be stored and administered at school? (eg. Ritalin, Dexamphetamine, Anxiety and/or Depression Medication, etc.)*

*If you selected **ANY** of the above, more information will be provided to you in due course.*

*If you have **NOT** selected **ANY**, please proceed to **'Part 4 – Declaration'**.*

### Part 3 – Medical Condition Document Checklist

Please provide the following information to the school to effectively support the student.

#### **ANAPHYLAXIS**

Please provide to the school:

*Attached*

1. An ASCIA Anaphylaxis Management Plan, prepared and signed by the student's medical practitioner, with an attached recent photo.
2. Provide any relevant medication as stated within the ACSIA Action Plan including Antihistamines or EpiPen (or equivalent).

#### **ASTHMA**

Please Provide to the school:

*Attached*

1. An Asthma Australia 'Asthma Action Plan' prepared and signed by the student's medical practitioner, with an attached recent photo.
2. Provide any relevant medication as stated within the Asthma Action Plan including Asthma reliever medication (Ventolin, Asmol, etc.).
3. If the student is to self-manage their Asthma, provide notification of this in writing.

#### **DIABETES**

Please Provide to the school:

*Attached*

1. The relevant Diabetes Victoria 'Diabetic Action Plan' prepared and signed by the student's medical practitioner, with an attached recent photo.
2. Provide any relevant medication required as stated within the Diabetes Action Plan including insulin, Hypo kits, and other relevant equipment.

**EPILEPSY**

Please Provide to the school:

Attached

1. An Epilepsy Foundation 'Epilepsy Management Plan' prepared and signed by the student's medical practitioner, with an attached recent photo.
2. Provide any relevant medication required as stated within the Epilepsy Management Plan.

**OTHER**

Please Provide to the school:

Attached

1. Any relevant documentation or medication necessary for the student.

**Part 4 – Declaration**

*I declare that I have given the most up to date medical information related to the above-mentioned student and their relevant medical condition.*

*I have read the relevant Eltham High School Management Policies and acknowledge the responsibilities of parents and carers within.*

*I will provide the necessary documentation and medication prior to the student's commencement at EHS.*

NAME: \_\_\_\_\_  
(Please Print)

SIGNED:  
(or type name) \_\_\_\_\_

DATE (d/m/yyyy) \_\_\_\_\_

**RELEVANT POLICIES & INFORMATION:**

**ANAPHYLAXIS:**

DET:

<https://www2.education.vic.gov.au/pal/anaphylaxis/policy>

ELTHAM HIGH SCHOOL:

<https://www.elthamhs.vic.edu.au/documents/Information%20and%20Help/Policies/Policy%20-%20Anaphylaxis%20Management.pdf>

ASCIA:

<https://www.allergy.org.au/schools-childcare>

**ASTHMA**

DET:

<https://www2.education.vic.gov.au/pal/asthma/policy>

ELTHAM HIGH SCHOOL:

<https://www.elthamhs.vic.edu.au/documents/Information%20and%20Help/Policies/Policy%20-%20Asthma.pdf>

ASTHMA AUSTRALIA:

<https://asthma.org.au/about-asthma/asthma-in-schools/>

**DIABETES**

DET:

<https://www2.education.vic.gov.au/pal/diabetes/policy>

DIABETES VICTORIA:

<https://www.diabetesvic.org.au/Home>

**EPILEPSY**

DET:

<https://www2.education.vic.gov.au/pal/epilepsy-and-seizures/policy>

EPILEPSY FOUNDATION:

<http://epilepsyfoundation.org.au/understanding-epilepsy/epilepsy-and-seizure-management-tools/epilepsy-plans/>