



ELTHAM HIGH SCHOOL

NOTIFICATION DOCUMENT
Student Medical Requirements Form

Part 1 – Student Details		
Student Full Name		
Date Of Birth		
Part 2 – Student Medical Conditions		
<i>Does the student suffer from any of the following conditions?</i>		
Anaphylaxis	Yes	No
Asthma	Yes	No
Diabetes	Yes	No
Epilepsy	Yes	No
Other	Yes	No
<i>If you have selected 'YES' to any of the above conditions, please provide further information as per 'Part 3 – Medical Condition Document Checklist'</i>		
<i>Does the student take any regular medications that will need to be <u>stored and administered</u> at school? (eg. Ritalin, Dexamphetamine, Anxiety and/or Depression Medication, etc.)</i>		
	Yes	No
<i>If you selected YES to the above more information will be provided to you at a later date.</i>		
<i>If you have selected NO for ALL, please proceed to 'Part 4 – Declaration'.</i>		
Part 3 – Medical Condition Document Checklist		
<i>Please provide the following information to the school to effectively support the student.</i>		
ANAPHYLAXIS		
<i>Please provide to the school:</i>		
<ol style="list-style-type: none"> An ASCIA Anaphylaxis Management Plan, prepared and signed by the student's medical practitioner, with an attached recent photo. 	<i>Attached</i> <input type="checkbox"/>	

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: _____

DATE: _____

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/>