



## Student Health, Safety and Welfare Form 2024

Given Name: \_\_\_\_\_

Student's Surname: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student's Age Level (3 or 4 year old): \_\_\_\_\_

Mother's Name:	Mobile Phone:	Work Phone:	Home Phone:
Father's Name:	Mobile Phone:	Work Phone:	Home Phone:

### Alternate Emergency Contact

Name:	
Relationship to Child:	
Mobile:	Work/Home Phone:

*Please complete the following information to enable the ELC to care for your child. This form will be treated as confidential and will only be disclosed to those who hold positions of responsibility in relation to your child. These people may include medical practitioners, teachers and other staff, including relievers.*

### MEDICAL INFORMATION

Medicare Number: \_\_\_\_\_

Reference Number: \_\_\_\_\_

#### Accident Emergencies

In the event of a serious accident involving your child, the ELC will call an ambulance immediately and contact you by phone.

**Ambulance Cover? YES / NO**

**High Temperatures:** In the event that your child presents with a temperature 37.5 degrees or higher, you will be called to collect your child within 30 minutes. Your child's symptoms will be monitored closely, but if their temperature reaches 38.5 degrees we will ask your permission to administer Nurofen for children (aged 3 months to 5 years). Medication will never be administered without your verbal consent. Do you give permission for staff to administer Nurofen to your child on your verbal consent? **Yes / No**

**ALLERGIES** Is this student allergic to anything (including sunscreen)? **Yes / No** Action Plan must be attached **Yes / No**

**Medic Alert No:** \_\_\_\_\_

If **YES** please give details and treatment required: \_\_\_\_\_

\_\_\_\_\_

Epi-Pen Required? **Yes / No**

Action Plan must be attached **Yes / No**

(If **yes**, the child's epipen will need to stay onsite. A chemist label needs to be on the packaging and medication please)

#### ASTHMA

Does this student suffer from Asthma? **Yes / No**

Action Plan must be attached **Yes / No**

(If **yes**, the child's puffer and spacer will need to stay onsite. A chemist label needs to be on the packaging and canister please)

**MEDICAL CONDITIONS**

Does this student have any medical condition or health concerns:

- 1. That might affect him/her inside the Centre. **Yes / No**
- 2. During physical activity. **Yes / No**

Examples:	Other chest problems Bed wetting / sleep problems Convulsions / seizures Diabetes Eczema Respiratory disorder Vision or hearing problems Any other problems
-----------	--

If you have answered **YES** to any of these conditions, please complete the following questions. Attach additional pages or care plans if necessary.

<b>What is the nature of the condition?</b>	
<b>How could it affect the student?</b>	
<b>What treatment is required?</b>	

**MEDICAL EMERGENCY**

Are you aware of any *possible* medical emergency which may affect this student? **Yes / No**

If you have answered **YES** please explain the emergency e.g. what it is, how do we recognise it, how can it be prevented and what is the treatment.

---



---

**MEDICATIONS**

Is it necessary for this student to take **regular** medication at school as part of the treatment for any medical condition?

**YES / NO** - If **YES** please ensure you have completed and returned a **Medicine Consent Form** to the ELC Director.

<b>MEDICATIONS</b>			
If you have answered "YES" give details of medication:			
Name of Medication(s)	Dose	When to be taken and frequency	Possible side-effects

**CUSTODY INFORMATION**

Is there a Custody order for this child? **Yes / No**

Has this been sighted and placed on file by the ELC Director? **Yes / No**

Does the ELC have a copy of the order? **Yes / No**

Name of Non-Custodial Parent	
Postal Address/email	

**AUTHORISATION**

I, \_\_\_\_\_ being the father/mother/legal guardian of \_\_\_\_\_ do hereby authorise the school's Principal or his/her Deputy or ELC Director to give consent on my behalf for the administering of medication and/or other measures deemed immediately necessary, in the event of any emergency involving the above-named child.

Signed: \_\_\_\_\_  
(Mother / Father / Legal Guardian)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_