

# HEALTH, LEARNING & WELLBEING FORM

- x Calrossy Anglican School collects personal information including sensitive information about your child. The primary purpose of collecting this information is to enable Calrossy Anglican School to provide schooling for your child.
- x Some of the information we collect is to satisfy our legal obligations.

# Health, learning and Wellbeing Form

## STUDENT DETAILS

Given Name  Surname   
Address  Postcode   
Date of Birth  Female  Male  Other   
Medicare Number  Expiry Date  Position on Card   
Health Care Card Number  Expiry Date   
Private Fund Name  Type of Cover  Membership Number

Ambulance Cover

Is the student of Aboriginal or Torres Strait Island origin?

No  Yes, Torres Strait Islander  Yes, Aboriginal

Child's Doctor

Address  Postcode  Telephone

Child's Dentist

Address  Postcode  Telephone

Child's Specialist/s

Address  Postcode  Telephone

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## PARENT/GUARDIAN DETAILS

Parent/Guardian 1

Name

Address  Postcode

Telephone Home  Business  Mobile

Email

Student Name

# Health, learning and Wellbeing Form

Parent/Guardian2

Name

Address

Postcode

Telephone Home

Business

Mobile

Email

Emergency Contact 1 In case of emergency, when neither parent can be reached, please contact:

Name

Address

Postcode

Telephone Home

Business

Mobile

Email

Relationship to your child

Emergency Contact 2 In case of emergency, when neither parent can be reached, please contact:

Name

Address

Postcode

Telephone Home

Business

Mobile

Email

Relationship to your child

## SECTION 1-MEDICAL HISTORY

### IMMUNISATION

Have you supplied a copy of Z]o [• u}•š Œ v š /u u μ v]• š}}v ,]•š }ŒŒte^š š  
COVID vaccination status?

Yes

No

### ALLERGIES

Student Name

# Health, learning and Wellbeing Form

Please describe their allergic reaction.



# Health, learning and Wellbeing Form

## DIET

Has your child been placed on a special diet?  
eg. gluten free, lactose free, dairy free etc.

Yes

No

If yes, please give details.

## SPORT

Please indicate your child's swimming ability.

Can swim 25 metres

Can swim 50 metres

Can swim 100 metres

## SECTION 2 - EDUCATIONAL NEEDS

Does your child have a known learning difficulty or disability, eg., behavioural, autism, intellectual, physical, health, hearing, vision or emotional?

Yes

No

Name of disability

Diagnosed by

Please provide any further

Date of Diagnosis

Please provide any further relevant details.









# Health, learning and Wellbeing Form

## K-12 STUDENTS

\*The following nonprescription medications are held in the Health Center and may be dispensed by qualified staff.

Paracetamol	Dry Cough Mixture-Bisolvon	Aloe Vera Gel	Antifungal Cream
Aspirin	Chesty Cough Mixture-Bisolvon	Stingose	Burn Aid
Nurofen	Claratyne	Bonjela Gel	Ventolin
Zaditen Eye Drops	Coloxyl With Senna	Metameucil	Ural
Naprogesic	Betadine	SM33 Liquid	Phenergan
Hydrolyte	Vicks	Bactroban	Dermaid 1%
Chlorsig Drops	Chlorsig Ointment	Sunscreen	Throat Gargles
Aqua Ear Drops	Hydrogen Peroxide 3%	Hirudoid Cream	Imodium
Telfast 60mgs	Telfast 180mgs	Cerumol Ear Drops	Solosite Gel
Buscopan	Anti-Inflammatory GeMoltaren	SOOV	Vitamin C
Mylanta	Dimetapp Day And Night	Throat Lozenges	Multivitamins
Demazin	Immune Defense Vitamins		Kwells

Signature of Parent/Guardian

Date

## MEDICAL CONSENT AND ENROLMENT AGREEMENT FORM

For my child while he/she is at the School on excursion or involved in any School activity.

- I acknowledge all the School medical and health policies and shall uphold them.
- I agree to inform the School of any changes to information contained in this form as and when necessary amendments are required.
- I agree to keep the School informed, in writing, of any current court orders relating to the custody/access/residence of my child.
- I agree that School staff may administer authorised medications to my child, with written consent.
- I agree that School staff may administer first aid to my child.
- I acknowledge responsibility for notifying the School if my child has an infectious or communicable disease.
- I give authority for the School to seek urgent medical, dental, hospital and/or ambulance services for my child.
- I understand this consent shall remain valid unless withdrawn and notified in writing to the School.
- I consent for the School to refer my child to health therapists.

Signature of Parent/Guardian

Date

Student Name