



IONA COLLEGE

STUDENT HEALTH INFORMATION RECORD

To assist with keeping your son's medical information correct: please complete, sign and return this form. Please use a separate form for each son.

Surname:	First Names:
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Medicare No.	Exp:
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Date of Birth:	Year Level:
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Please indicate below (using a tick) if your son suffers from any of the following conditions:

Asthma	<input type="checkbox"/>	Malaria	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>
Allergies or Anaphylaxis	<input type="checkbox"/>	Behavioural (ACHD, OCD, ADD, ADHD, ASD etc) *Specify	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	Psychological condition or special emotional needs	<input type="checkbox"/>
Blood Disorder	<input type="checkbox"/>	Ear, nose & throat conditions (nose bleeds, recurrent tonsillitis, hearing difficulties) *Specify	<input type="checkbox"/>
Hereditary Condition(s)	<input type="checkbox"/>	Eye conditions (colour blindness, needs corrective glasses) *Specify	<input type="checkbox"/>
Cardiac Condition	<input type="checkbox"/>	Any other health issue	<input type="checkbox"/>

IF YOUR SON HAS A CONDITION WHICH IS POTENTIALLY LIFE THREATENING, AN EMERGENCY PLAN IS REQUIRED.

I have provided an emergency / care plan to the school (ASCIA plan is preferred for anaphylaxis). Yes / No
The College practices the Asthma Foundation of Australia's First Aid Plan in unexpected asthma flare-ups, unless an alternative plan is provided.

If unsure, please contact the school nurse for assistance:

Phone: 3893 8865 Mobile: 0448 484 944 Email : health@iona.qld.edu.au

Please specify the nature of, and any specific requests in relation to any conditions:



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Medications at School:

Paracetamol and ibuprofen are available at school for administration by the College Nurse (weight appropriate dose). Please indicate your authorisation by marking yes or no (please indicate for BOTH MEDICATIONS).

Authorisation	Yes	No
Paracetamol (Panadol, Panamax)		
Ibuprofen (Nurofen, Advil)		

Other medication for administering at school as supplied by parent / guardian.

Name of Medication	Strength (eg 10mg)	Dosage (eg. 1 tablet)	Route (eg. Oral)	Time to Be Given	Other Instructions

Please note:

- Medication cannot be given without written permission from a parent / guardian.
- All medication (s) required at school *excluding asthma puffers and Epipens*, must be administered from the school sickbay. Exceptions to this rule, are as by arrangement with the College.
- All medication must be provided in its original packaging, within its expiry date, and labelled with a pharmacist's label displaying the child's name, and instructions including dosage, timing, and route of administration.
- It is your son's responsibility to present to the College Nurse for medication administration.
- **It is recommended that any special medical requirements be discussed with the College Nurses.**

I hereby request the College staff administer the necessary medication to my child while at school. I agree to notify the College, in writing, if there are any changes in the above medication.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Name (Please print) _____