Chevalier College

FORTES IN FIDE
STRONG IN FAITH

Office Use Only

Student ID: _____

Family Code: _____

Processed by: _____

Student Medical and Learning Needs Form

Please complete this form and then sign and date the back page

Student Details:

First Name	Second Name	Surname

My Child is:

☐ **a current student** OR ☐ **applying for enrolment**

Disclosure of the following information about your child will in no way prejudice your application for enrolment.

My child has the following condition (please indicate current medical conditions below and then provide further information in the following relevant sections of this form):

☐ **1. ALLERGY** ☐ **2. ASTHMA** ☐ **3. MENTAL HEALTH**

☐ **4. OTHER MEDICAL CONDITIONS** ☐ **5. LEARNING NEEDS**

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1. ALLERGY

	What is your child allergic to? (e.g. dairy, eggs, fish or shell fish, insect stings or bites, latex, nuts, sesame, citrus, wheat):	**Please describe your child's reaction to the allergen** (e.g. anaphylaxis, hay fever, hives, eczema):
i)		
ii)		
iii)		

Has a doctor diagnosed this allergy? ☐ Yes ☐ No

Has your child has been hospitalised with a severe allergic reaction? ☐ Yes ☐ No

Has your child been prescribed an EpiPen® (adrenaline auto-injector)? ☐ Yes ☐ No

Does your child have an ASCIA Action Plan? (If yes, please attach) ☐ Yes ☐ No

2. ASTHMA

Please tick relevant box (one only) to indicate the severity level / symptom frequency of your child's asthma:

☐ Mild Intermittent *(less than twice a week)*

☐ Mild Persistent *(more than twice a week, but not daily)*

☐ Moderate Persistent *(daily)*

☐ Severe Persistent *(throughout the day)*

☐ Exercise Induced

Has your child's asthma been diagnosed by a doctor? ☐ Yes ☐ No

Has your child has been hospitalised for asthma? ☐ Yes ☐ No

Is your child taking prescribed medication for their asthma? ☐ Yes ☐ No

Does your child have an asthma action plan? (If yes, please attach) ☐ Yes ☐ No

3. **MENTAL HEALTH** (e.g. Anxiety, Depression, Tourette Syndrome etc.)

Condition:

Has your child's condition been diagnosed by a psychologist or psychiatrist? *If you answer 'Yes', please attach relevant documentation.*	☐ Yes	☐ No
Has your child has been hospitalised for their condition?	☐ Yes	☐ No
Is your child taking prescribed medication for their condition?	☐ Yes	☐ No

Condition:

Has your child's condition been diagnosed by a psychologist or psychiatrist? *If you answer 'Yes', please attach relevant documentation.*	☐ Yes	☐ No
Has your child has been hospitalised for their condition?	☐ Yes	☐ No
Is your child taking prescribed medication for their condition?	☐ Yes	☐ No

Condition:

Has your child's condition been diagnosed by a psychologist or psychiatrist? *If you answer 'Yes', please attach relevant documentation.*	☐ Yes	☐ No
Has your child has been hospitalised for their condition?	☐ Yes	☐ No
Is your child taking prescribed medication for their condition?	☐ Yes	☐ No

4. **OTHER MEDICAL CONDITIONS** (e.g. Migraine, Diabetes, Epilepsy, Heart Condition etc.)

Condition:

Has your child's condition been diagnosed by a doctor?	☐ Yes	☐ No
Has your child has been hospitalised for their condition?	☐ Yes	☐ No
Is your child taking prescribed medication for their condition?	☐ Yes	☐ No

Condition:

Has your child's condition been diagnosed by a doctor?	☐ Yes	☐ No
Has your child has been hospitalised for their condition?	☐ Yes	☐ No
Is your child taking prescribed medication for their condition?	☐ Yes	☐ No

Condition:

Has your child's condition been diagnosed by a doctor?	☐ Yes	☐ No
Has your child has been hospitalised for their condition?	☐ Yes	☐ No
Is your child taking prescribed medication for their condition?	☐ Yes	☐ No

5. LEARNING NEEDS (includes giftedness, disabilities etc.)

The College recognises that, 'accommodations and/or learning adjustments' may be required for students with particular needs. These adjustments are provided through alternative teaching and learning strategies and special provisions including signing, Braille, a reader or scribe, access to technology, modifications to equipment, furniture and learning spaces, personal carer support.

Has your child been formally targeted/assessed as being gifted? ☐ Yes ☐ No

Has your child been tested by counsellors, doctors or other health professionals? ☐ Yes ☐ No

Did your child's previous school develop a Personalised Plan (PP previously known as an IP)? ☐ Yes ☐ No

Has your child been part of an individual or small group program to assist them in improving their literacy and/or numeracy during the last three years? ☐ Yes ☐ No

If you answered 'Yes' to any of the questions above, please attach copies of all corresponding documentation.

My child has the following conditions (please tick all relevant box/boxes)**:**

☐ a hearing impairment
☐ a vision impairment
☐ a language disorder
☐ difficulties in the basic areas of learning
☐ acquired brain injury
☐ an intellectual disability
☐ a physical disability
☐ behaviour disorders
☐ ASD
☐ ADD
☐ ADHD

☐ other

☐ other

Is your child taking prescribed medication for their condition? ☐ Yes ☐ No

Were adjustments provided to your child at their previous school(s)? ☐ Yes ☐ No

If you answered 'Yes', please specify:

☐ alternative teaching and learning strategies
☐ signing
☐ a reader or scribe
☐ Braille
☐ modifications to equipment, furniture and learning spaces
☐ personal carer support
☐ access to technology

☐ other

☐ other

Is there any further information we should be aware of? ☐ Yes ☐ No

This information has been supplied by:

Name: Signature: Date:

PLEASE ATTACH COPIES OF ALL RELEVANT DOCUMENTATION, e.g. reports, plans etc.