



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

### 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)

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*)

Severe Persistent (*throughout the day*)

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

Exercise Induced

Moderate Persistent (*daily*)

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

If, Yes, name of medication

Please note date information supplied

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):

- |  |   |                               |
|--|---|-------------------------------|
| <input type="checkbox"/> a hearing impairment                        | <input type="checkbox"/> acquired brain injury      | <input type="checkbox"/> ASD  |
| <input type="checkbox"/> a vision impairment                         | <input type="checkbox"/> an intellectual disability | <input type="checkbox"/> ADD  |
| <input type="checkbox"/> a language disorder                         | <input type="checkbox"/> a physical disability      | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> difficulties in the basic areas of learning | <input type="checkbox"/> behaviour disorders        |                               |

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:

- |   |  |
|---|--|
| <input type="checkbox"/> alternative teaching and learning strategies | <input type="checkbox"/> modifications to equipment, furniture and learning spaces |
| <input type="checkbox"/> signing                                      | <input type="checkbox"/> personal carer support                                    |
| <input type="checkbox"/> a reader or scribe                           | <input type="checkbox"/> access to technology                                      |
| <input type="checkbox"/> Braille                                      |  |

other

other

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

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This information has been supplied by:

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

Signature: \_\_\_\_\_

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

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

