



# Macleod College

## NOTIFICATION DOCUMENT

### Student Medical Requirements Form

Part 1 – Student Details		
Student Full Name		
Date Of Birth (d/m/yyyy)		
Part 2 – Student Medical Conditions		
Does the student suffer from any of the following conditions? <i>(Please tick)</i>		
Anaphylaxis	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
If you have selected any of the above conditions, please provide further information as per <b>'Part 3 – Medical Condition Document Checklist'</b>		
Does the student take any regular medications that will need to be stored and administered at school? <i>(eg. Ritalin, Dexamphetamine, Anxiety and/or Depression Medication, etc.)</i> Name of medication: _____		<input type="checkbox"/>

If you selected **ANY** of the above, more information will be provided to you in due course.

If you have NOT selected **ANY**, please proceed to **'Part 4 – Declaration'**.

### Part 3 – Medical Condition Document Checklist

Please provide the following information to the school to effectively support the student.

#### ANAPHYLAXIS

Please provide to the school:

Attached

1. An ASCIA Anaphylaxis Management Plan, prepared and signed by the student's medical practitioner, with an attached recent photo.
2. Provide any relevant medication as stated within the ACSIA Action Plan including antihistamines, EpiPen or Anapen.

#### ASTHMA

Please Provide to the school:

Attached

1. An Asthma Australia 'Asthma Action Plan' prepared and signed by the student's medical practitioner, with an attached recent photo.
2. Provide any relevant medication as stated within the Asthma Action Plan including Asthma reliever medication (Ventolin, Asmol, etc.).
3. If the student is to self-manage their Asthma, provide notification of this in writing.

#### DIABETES

Please Provide to the school:

Attached

1. The relevant Diabetes Victoria 'Diabetic Action Plan' prepared and signed by the student's medical practitioner, with an attached recent photo.
2. Provide any relevant medication required as stated within the Diabetes Action Plan including insulin, Hypo kits, and other relevant equipment.

**EPILEPSY**

Please Provide to the school:

Attached

- 1. An Epilepsy Foundation 'Epilepsy Management Plan' prepared and signed by the student's medical practitioner, with an attached recent photo.
- 2. Provide any relevant medication required as stated within the Epilepsy Management Plan.

**OTHER**

Please Provide to the school:

Attached

- 1. Any relevant documentation or medication necessary for the student.

**Part 4 – Declaration**

I declare that I have given the most up to date medical information related to the above mentioned student and their relevant medical condition.

I have read the relevant Macleod College Management Policies and acknowledge the responsibilities of parents and carers within.

I will provide the necessary documentation and medication prior to the student's commencement at Macleod College.

NAME: \_\_\_\_\_  
(Please Print)

SIGNED:  
(or type name) \_\_\_\_\_

DATE (d/m/yyyy) \_\_\_\_\_

## RELEVANT POLICIES & INFORMATION:

### **ANAPHYLAXIS:**

DET:

<https://www2.education.vic.gov.au/pal/anaphylaxis/policy>

**MACLEOD COLLEGE:**

<https://www.macleod.vic.edu.au/reports-policies-and-plans>

ASCIA:

<https://www.allergy.org.au/schools-childcare>

### **ASTHMA**

DET:

<https://www2.education.vic.gov.au/pal/asthma/policy>

**MACLEOD COLLEGE:**

<https://www.macleod.vic.edu.au/reports-policies-and-plans>

ASTHMA AUSTRALIA:

<https://asthma.org.au/about-asthma/asthma-in-schools/>

### **DIABETES**

DET:

<https://www2.education.vic.gov.au/pal/diabetes/policy>

DIABETES VICTORIA:

<https://www.diabetesvic.org.au/Home>

### **EPILEPSY**

DET:

<https://www2.education.vic.gov.au/pal/epilepsy-and-seizures/policy>

EPILEPSY FOUNDATION:

<http://epilepsyfoundation.org.au/understanding-epilepsy/epilepsy-and-seizure-management-tools/epilepsy-plans/>