



Alkira
Secondary College

Personalised learning for all. Respect for the individual learner.

15 Nurture Avenue, Cranbourne North 3977
PO Box 4314, Narre Warren South 3805
Victoria, Australia
Phone: 5991 3500 Fax: 5991 3599
Email: alkira.sc@edumail.vic.gov.au
Website: www.alkirasecondarycollege.com.au

PERSONAL DETAILS

FAMILY NAME:

FIRST NAME:

GENDER:

DATE OF BIRTH:

INT. ID:

CASES CODE:

MEDICAL DETAILS: Please tick ✓

Allergy Food:

Penicillin:

Other:

*Anaphylaxis Allergy to:

More information:

.....

Before commencing school please supply a current anaphylaxis plan, including a photo of yourself, to the school along with an EpiPen.

Anxiety

Asperger's

*Asthma Describe condition:

***Please complete Asthma Form attached**

Autism

Black Out

*Diabetes

***Action Plan available from school**

Dizzy Spells

Epilepsy

Hay fever

Headache

Heart Condition



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Panic Attacks

Migraine

Other

PLEASE NOTE:

ANY MEDICATION REQUIRED MUST BE GIVEN TO THE COLLEGE, WHICH WILL BE HELD IN THE FIRST AID ROOM.
ANY MEDICATION MUST BE LABELLED WITH YOUR NAME AND DOSAGE.

DECLARATION:

In the event of illness or injury to my child whilst at school, on an excursion, or travelling to or from school; I authorise the Principal or senior staff member in charge of my child to arrange ambulance transport, provide the hospital with a copy of medical details and consent to emergency medical arrangements on my behalf as are deemed necessary by a qualified medical practitioner. Such consent includes anaesthetic, blood transfusions and surgical operations.

I will accept responsibility for the cost of such arrangements.

I consent to the above mentioned medical information being made available to staff for the purpose of managing any child's condition.

I understand this may include a photo of my child.

Signature of Parent/Guardian: _____ **(ISC)**

Date: / / 2017



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SCHOOL ASTHMA ACTION PLAN

This record is to be completed by parent/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this Action Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Action Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Training Victorian Government Schools' Reference Guide).

Students Name:

Usual signs of Student's asthma	✓	Worsening signs of student's asthma	✓	What triggers the student's asthma	✓
Wheezing		Increased signs of:		Exercise	
Tightness in chest		Wheezing		Colds/Viruses	
Coughing		Tightness in chest		Pollens	
Difficulty in breathing		Coughing		Dust	
Difficulty speaking		Difficulty in breathing		Smoke	
Other (please describe)		Difficulty speaking		Weather changes	
		Other (please describe)		Other triggers (please describe)	

Does your child need assistance taking their medication? Please tick ✓ Yes No

Is there any other information that will assist with asthma management of the student while on camp or excursions etc. For example, peak expiratory flow action plan, night time asthma, recent attacks.

.....
.....

Name of Medication	Method (e.g. puffer/spacer)	When and How Much

Please tick ✓ preferred Asthma First Aid Plan

- Victorian Schools Asthma Policy for Asthma First Aid (www.asthma.org)
- Student's Asthma First Aid Plan (if different from above)