



MAZENOD COLLEGE BOARDING HOUSE HEALTH/MEDICAL STATEMENT 2016 EXISTING BOARDERS

This form needs to be completed each year to ensure our records are correct and current

PLEASE PRINT ANSWERS

Student Surname..... Given Names..... School Year

Date of Birth..... Blood Group (if known).....

Home Address..... Town/Suburb..... Post Code.....

Family Doctor's Name : Phone :A/H

Name of Medical Practice :

Address : Town/Suburb.....Post Code.....

Health and Medical Information

a. MEDICARE

Number: Position in family on the card

Expiry date

b. HEALTH CARE PROVIDER

Private health Care provider :

Health care membership number

Type of Cover : **HOSPITAL / ANCILLARY / BOTH** circle or give further details here:

If parents have a Centre Link Student Health Care Card please provide details:

Card Number : Other details :

Additional Health and Medical Information:

c. Is your child/ward **allergic** to any **drugs, medicines, tapes, insect bites, food or other matter?** **YES NO**

If yes, please state each one:

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d Is your child/ward presently on any **tablets or medicines, this includes herbal remedies and multi-vitamins?**

YES NO

If **yes**, please state the name and dosage of each and every medicine.

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e.. Has your child/ward recently (within last three weeks) been on any **tablets or medicines?** **YES NO**
(If **yes**, please state the name and dosage of each and every medicine and the reason for its use.)

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f. Has your child/ward had **any recent injuries** of any kind? (If yes, please elaborate fully.) **YES NO**

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g. **Is there any further information**, either occurring in 2012 or not disclosed on your 2013 Medical and Health form of which we should be made aware?

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Notes:

It is stressed that all medical and health details are an aid to speedy notification of the Next of Kin and treatment of the student. **The details of procedural steps to be undertaken when known symptoms of known medical conditions occur must be given in the student's Action Management Plan prepared by your medical practitioner.**

MEDICAL AUTHORISATIONS

Please read carefully before signing

All medication including herbal remedies and multi-vitamins must be stored in the medications cupboard in the supervisors' office. Clear written instructions about their use must be given to the Heads of House or Boarding Director. Prescribed medication is administered by the Housemother on duty or in her absence by the most senior supervisor available.

During the year there are a number of medications that could also be administered to your child/ward,

What **medication** is your child/ward permitted to take for headaches? NONE / Panadol (Paracetamol)
(please circle your answer)

EITHER Please tick those medications you permit Boarding staff to administer

<input type="checkbox"/> Panadol (Paracetamol)	<input type="checkbox"/> Throat Gargle (either Salt, Betadine etc)	<input type="checkbox"/> Cold/Flu tablets (Codral – no pseudoephedrine)
<input type="checkbox"/> Antacid (Mylanta, Eno etc)	<input type="checkbox"/> Natural therapies (herbals, strepsils, honey, salt. Etc.)	<input type="checkbox"/> Antihistamines (Allergy /Hayfever) (ie. Telfast, Claratyne, Zyrtec, refresh eye drops, etc.)
<input type="checkbox"/> Antiseptic lotion (ie. Savlon, Betadine, etc.)	<input type="checkbox"/> Dermaid or similar (for skin rashes)	
<input type="checkbox"/> Epipen (only if anaphylactic)	<input type="checkbox"/> Ventolin (only if asthmatic)	

OR Please do not administer any of these medications to my child/ward (please tick)

Date

Signature.....
(Parent or Guardian)

Printed Name

Permission to Anaesthetise and Operate

I hereby authorise the Rector, Director of Boarding, Head of Senior House or Head of Junior House to permit my child/ward whose name appears above to be given anaesthetic and to be operated on in case of medical emergency if such treatment is considered necessary by a duly qualified medical practitioner during any period my child/ward is a resident at Mazenod College Boarding House. This permission is given providing that every effort will be made to contact me personally before any decision is taken to anaesthetise and operate.

Date

Signature.....
(Parent or Guardian)

Printed Name

Privacy Statement

Mazenod College Boarding House respects your privacy. The information collected on this form is for the purpose of providing your child/ward with the necessary care whilst a resident at Mazenod College. The information will only be used for the purpose you have provided it and will not be used for any other purposes. It will not be passed to a third party without your expressed permission except as required by law. If for any reason the details above alter, you should contact the Head of Boarding, Head of Senior House or Head of Junior House and request a new form for completion and submission.