

MEDICAL INFORMATION

Reservoir Views Primary School

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Reservoir 3073

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Dear Parent,

Reservoir Views Primary School operates within the guidelines of the Department of Education & Early Childhood Development policies which require schools to adopt a uniform policy in regards to children's use of medication.

In order to provide adequate care of your child's medical needs, the school needs to keep up to date and accurate records of illnesses including asthma.

To assist us in caring for your child, we need to be aware of any illnesses your child has.

If your child is using medication and needs it administered during the school day, you will need to complete a 'Medication Consent Form' (see attached) stating the following information:

- Your child's name and grade
- Name of the medication to be given
- Dosage required
- Dates and times that medication is to be administered
- Whether medication is to be administered before or after meals
- Emergency Contacts (including medical practitioner)
- Parent / Guardian signature

Please Note: Our School Policy stipulates that medication will not be administered without a completed ' Medication Consent Form'

Families with children who suffer with Asthma, will also need to complete the 'School Asthma Action Plan' (see attached). Alternatively, you may provide an Individual Asthma Management Plan completed in consultation with your doctor.

If your child has Asthma, it is your responsibility to provide the appropriate asthma medication that he/she requires.

However, as an 'Asthma Friendly School' we do have asthma reliever medication stored in the sick bay for emergency use.

It is vitally important that you complete the appropriate medical forms attached and return them to school as soon as possible.

Your cooperation is greatly appreciated.

Please complete and return this form to school as soon as possible. Thank you.

**RESERVOIR VIEWS PRIMARY SCHOOL
MEDICAL INFORMATION FORM**

Child's Name: _____ Grade: _____

Please tick if your child suffers from any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Impaired hearing |
| <input type="checkbox"/> Eye problems | <input type="checkbox"/> Fits of any type |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Other (Please specify) |

Please add further details about your child's condition:

Tablets and Medicine:

Does your child have regular medication? YES / NO

Do they need to take medication during the school day? YES / NO

If answering yes to the above, please provide further information below

(For regular daily medication you will need to complete a 'Medication Consent Form')

Please refer to the front page for information regarding the administering of medication at school.

Parent/Guardian Signature: _____ Date: _____