



Santa Clara School

Pre-Interview

Student Information Form

ACADEMIC YEAR LEVEL:	
YEAR OF ENTRY:	

STUDENT INFORMATION	
Student's Surname:	
First Name:	
Middle Name:	
Preferred Name:	
Date of Birth:	
Male / Female:	
Address:	
Suburb / State / Post Code:	

STUDENT'S INDIVIDUAL NEEDS	
<p>The school <i>Education Act 1999</i> requires the provision of:</p> <p><i>"Details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school"</i> (16G).</p> <p>To assist the school to respond to individual requirements, please detail any additional / special needs your child has in the following area(s) that may affect his / her learning, participation or welfare during school hours or at school-related activities (carnivals, camps, excursions etc.).</p> <p>Attach any specialists' reports, Emergency Action Plans or any other medical documentation you may have for your child.</p> <p>Non-disclosure of any medical or learning support conditions may affect the status of the enrolment at a later stage.</p>	
Main Language Spoken at Home:	
Medical / Health Care:	
Medication:	
Physical Needs:	
Learning Needs:	
Orthoses / Prosthesis:	
Psychological / Cognitive / Socio-Emotional Needs:	
Sensory Needs (eg Vision / Hearing):	
Behavioural or Safety Needs:	
Communication Needs:	
Self-Care Needs:	

Allergies & Health Conditions

Health Conditions	Allergic to / Other information	Reactions	Requires Emergency Action Plan or Health Care Plan	Requires Medication to be Administered at School
Asthma			Yes / No	Yes / No
Anaphylaxis			Yes / No	Yes / No
Severe Allergy			Yes / No	Yes / No
Moderate Allergy			Yes / No	Yes / No
Minor Allergy			Yes / No	Yes / No
Diabetes			Yes / No	Yes / No
Seizures			Yes / No	Yes / No

Other Conditions / Symptoms / Treatments	

Does your Child Wear a Medic Alert Bracelet:	Yes / No
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If your Medical Practitioner has provided a Health Care Plan / Emergency Action Plan, please attach a copy.

If your child requires medication to be administered at school, then a Student Medication Request / Record will be required to be completed when your child commences.

If medication is required during school hours, please provide full details, name, contact number and signed authorisation by the relevant Practitioner.

EXTERNAL SERVICE PROVISION

If Medical / Health Care Services are required during school hours, please provide full details, name, contact number and signed authorisation by the relevant Practitioner.

Does your child receive any services from an external agency, which may affect educational arrangements?	Yes / No
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If so, advise Name of Service Provider and Contact Number:

Please Detail Services:

Does your child require special Transport arrangements to and from school?	Yes / No
Does your child receive Respite Care on a regular basis?	Yes / No

MEDICAL INFORMATION (Application to an Imminent Enrolment Commencement)

IMMUNISATION RECORD

It is a condition of enrolment that a current Australian Immunisation Register (AIR) Immunisation History Statement be provided which indicates your child's status as 'Up to Date' for all scheduled immunisations for their age and this statement must be dated within 2 months of enrolment.

Australian Immunisation Register (AIR) Immunisation History Statement attached:		Yes / No
AIR Immunisation History Statement Date:	Immunisation Status Up to Date:	Yes / No

F - Fully Immunised		I - Incomplete Immunisation		N - Not Immunised		P - Personal Objection	
Measles	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Pertussis (Whooping Cough)	<input type="checkbox"/>	Polio (OPV)	<input type="checkbox"/>

Name of Family Doctor:	
Medical Clinic:	
Address:	
Contact Numbers:	
Name of Dentist:	
Dental Clinic:	
Address:	
Contact Numbers:	

Medicare Card No.:	
Child's Reference No.:	Expiry Date:

Do You Have Ambulance Cover?:	Yes / No
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Private Health Fund:	
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Blood Group (If Known):	
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PARENT(S) / CARER(S) / GUARDIAN(S) ACKNOWLEDGEMENT

I / We acknowledge that we have fully disclosed any particular needs (including but not limited to any medical, physical, learning or psychological needs) of our child. Where any disclosed special needs change or where any special needs arise, I / we agree to notify the school immediately. I / We also agree to complete my / our child's medical form accurately and provide annual updates for the school, including any health matter that arises during the year that may impact on other students or staff, or the ability of the school to care for my / our child.

Signature of Female Parent / Carer 1 / Guardian 1: _____ Date: _____

Signature of Male Parent / Carer 2 / Guardian 2: _____ Date: _____

MEDICAL EMERGENCY AUTHORISATION (Application to an Imminent Enrolment Commencement)

I / We authorise the school to seek medical / dental attention, call an ambulance or to hospitalise my son / daughter when considered necessary. If an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I / we are unable to be contacted within a reasonable time, I /we authorise the school to agree to medically recommended treatment by an accredited medical practitioner on my / our behalf.

Signature of Female Parent / Carer 1 / Guardian 1: _____ Date: _____

Signature of Male Parent / Carer 2 / Guardian 2: _____ Date: _____