Dear Parents / Guardians

Welcome to Marist College Ashgrove. The Health Centre is an integral part of the College Community caring for the health and well-being of all here on campus. Adolescence is very much a changing and challenging time for our boys (physically and mentally) and their health needs are all individual.

The attached medical request forms are essential documents for the care of your son whilst he is a student at Marist College Ashgrove. The information provided on these forms helps the College to improve further its standard of care for our students both in everyday activities and if medical events arise.

We request a formal copy of your son’s immunisation history to be kept on file in the Health Centre. This is necessary for both Boarding and Day students and will be used as a reference point in the event of any outbreak of a notifiable illness such as measles, where we may have to provide details to Public Health. Please attach a photocopy of your child’s immunisation to date. For a true reflection of this you can access both the Australian Childhood Immunisation Register for 0-7 years and Brisbane City Council for other immunisations your child may have had including records your GP may hold.

The Brisbane City Council offers vaccination for Year 8 and Year 10 students in line with the National Immunization Program which takes place on the College campus, however this service is run independently of the Health Centre and all enquiries should be forwarded to the Brisbane City Council.

Please complete the forms and return to the College prior to Friday 6 November 2015. It is imperative that any changes to this information be updated for your son’s well-being as they occur.

Any queries regarding your son’s health can be directed to the Health Centre staff during office hours.

Yours sincerely

Health Centre Staff

Health Centre Staff
Marist College Ashgrove Health Centre
Telephone: 07 3858 4618
Email: healthcentre@marash.qld.edu.au
SCHOOL PROCEDURES IN THE EVENT OF ACCIDENT OR ILLNESS

Ailments

- Students will report to Health Centre.
- The Registered Nurse on duty will assess, treat, or refer the student to other health professionals or parents/guardians.
- All treatment will be documented.

Minor injuries

- Students will report to the Health Centre or first aid will be administered on site.
- Health Centre visits will be documented in the student diary or should the student present without his diary a note will be given for Head of House or class teacher.
- Parents/guardians will be contacted if a student is unable to return to class.

Serious ailments/injuries requiring doctor or hospital admission

- Parents/guardians will be contacted if at all possible according to information on medical form.
- First Aid will be administered by school nurse or, other staff members immediately present.
- The school nurse will decide if the student should be taken to hospital immediately or parents/guardians called.
- In an emergency or on the advice of attending doctor, a student will be transferred by ambulance to hospital. A College representative will stay with the patient until his relatives attend the hospital.

MEDICATION PROCEDURE

- It is imperative that Health Centre Staff be aware of all medications taken by students.
- Assistance will be given by the school nurse in the administration of prescription medication when documentation is received from parents/guardians or as prescribed by the school doctor.
- Instructions of change to the original dose of long term or restricted medications must be in writing from prescribing doctor.
- Short term prescription medication will only be administered if the container states, name, dose and is labelled in the original container.
- Complementary therapies ordered by parents/guardians may be stored at the College Health Centre on behalf of the parents/guardians but the student must self-medicate.
- All medications administered by the school nurse or any other staff member will be recorded.

ANAPHYLAXIS/SEVERE ALLERGY PROCEDURE

A kit with up to date action plan plus adrenaline auto injector if necessary is to be kept in Health Centre during school terms. Parents/guardians are requested to communicate allergies of medical significance to their son’s Head of House and Health Centre. Parents/guardians need specifically to flag this on camp and excursion forms also.
MARIST COLLEGE ASHGROVE
HEALTH CENTRE INFORMATION       DAY STUDENTS 2016

Year Level: ___________________________ House: ___________________________
Surname: ______________________________________________________________________
Christian Names: ______________________________________________________________________
Date of Birth: ___________________________ Home Phone No:__________________________
Address: ______________________________________________________________________
________________________________________________________________________
Mother’s Name: ______________________________________________________________________
Mother’s Work No: ___________________________ Mother’s Mobile: __________________________
Father’s Name: ______________________________________________________________________
Father’s Work No: ___________________________ Father’s Mobile:  __________________________
Email Address:  __________________________________________________________________

IF NOT LIVING WITH PARENTS
Please provide Guardian’s Name and Contact details:  _____________________________________________
________________________________________________________________
MEDICARE No: ___________________________ Ref No: ______ Expiry Date______________
Hospital Treatment desired:   PUBLIC               PRIVATE (please circle)

Every reasonable effort is always made to contact a parent/guardian in the case of illness or injury.  However, advance permission is required to facilitate treatment of minor conditions in the event of a parent/guardian being out of contact.

IN CASE OF EMERGENCY (if parent/guardian unable to be contacted)
Contact (1): ____________________________________ Phone No:  ___________________________
Contact (2): ____________________________________ Phone No: ___________________________
Family Doctor:  __________________________________ Phone No:  ___________________________
Address of Doctor: ________________________________________________________________________

PERMISSION TO ARRANGE TREATMENT / MEDICAL CONSENT:
I, being the parent/legal guardian of _____________________________________________________________
(Student’s Full Name)
(DOB) ______________________ do hereby authorise and request the Headmaster, Marist College Ashgrove, Queensland, or his nominee, to allow any duly qualified Medical Practitioner registered within Australia, to give medical/surgical treatment, including general anaesthesia where necessary.
I further authorise the College Registered Nurse, or her/his delegate to administer to my son/guardian:

1. non-prescription medications for the alleviation of minor conditions, at that nurse’s discretion,
2. prescribed medications as directed by a legal qualified Medical Practitioner.

Names of Parents/Guardians (please print): ______________________________________________________

Signature of Mother/Guardian: ________________________________ Date: _____________________
Signature of Father/Guardian: ________________________________ Date: _____________________
Signature of Witness:  ________________________________ Date: _____________________

It is the responsibility of parents/guardians to provide the College with updated information as it occurs. We can only do our best with the information we have been given, in the case of an emergency – and they do happen we need to have current information for your son/guardian’s sake.
If your child has one of the conditions listed below we request that you bring an Action Plan to the Health Centre PRIOR to school commencing in 2016.

- Diabetes ☐  Asthma ☐
- Epilepsy ☐  Allergies (Mild) ☐
- Anaphylaxis ☐

Please add or attach detailed information for the treatment of your son/guardian. An appropriate ACTION PLAN which is to be filled out by your doctor will be required so that we can action the precise treatment if necessary.

All other medical emergencies will be treated with appropriate First Aid care.

Are there any health issues that the College should be aware of (e.g. skin disorders, Attention Deficit Disorder, disability, fainting, Hepatitis B carrier, incontinence, psychological issues):
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

MEDICATIONS:
If your son/guardian is taking prescription medication that requires him to be given this during the school day, the College will need a letter of authorisation from the treating GP or specialist.

If yes, please tick and attached the relevant authority and information ☐

IMMUNISATION RECORDS:
We request a formal copy of your son’s immunisation history to be kept on file in the Health Centre. This is necessary for both Boarding and Day students and will be used as a reference point in the event of any outbreak of a notifiable illness such as measles, where we may have to provide details to Public Health. Please attach a photocopy of your son’s immunisation records to date. For a true reflection of this you can access both the Australian Childhood Immunisation Register for 0-7 years and Brisbane City Council for other immunisations your child may have had including records your GP may hold.

IMMUNISATION RECORD:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>YES</th>
<th>NO</th>
<th>DATE OF MOST RECENT INJECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>☐</td>
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<tr>
<td>Meningococcal</td>
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<tr>
<td>Boostrix</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Tetanus or ADT/CDT</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Measles/Mumps/ Rubella</td>
<td>☐</td>
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<tr>
<td>Has your child had Chicken Pox or the vaccine</td>
<td>☐</td>
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<td></td>
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<tr>
<td>Polio</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>Other Vaccinations</td>
<td>☐</td>
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