ENROLMENT HEALTH FORM

Enrl-Form-1_E

clever • skilled • creative

If you answer yes to any of the shaded area on this form a referral form will need to be forwarded to a Registered Nurse from the Education Queensland Nursing Services

Student Details

Name: ______________________ **School:** ________________________ **Date of Birth:** ___/___/___

Parent/Guardian/Carer Details

Name: ____

Address: ____

Contact Numbers: (Home) (Work) (Mobile)

Student Medical Details

Medical Diagnosis/Conditions:

Emergency contact name and number:

Does your child have or require any of the following:

Medical Condition/Requirement	Yes	No	Comment and Provide Details (if answered 'Yes')
Anaphylaxis			
Diabetes			
Administration of Oxygen			
Suctioning of Airways			
Tracheostomy			
Epilepsy and/or Seizures (including Absences)			
Shunt			
Gastrostomy Tube/Button			
Naso-Gastric Tube			
Urinary Catheterisation or Continence Issues/Problems			
Colostomy/Ileostomy			
Allergies or Sensitivities (medication or other)			
Medication			Refer to Request to Administer Medication
Asthma			
Blood Pressure Problems			
Heart Problems			
Special Dietary Requirements or Eating/Drinking Difficulties			
Travel Sickness			

The Queensland Government has established a set of procedures for the collection, use and disclosure of personal information within the Queensland public sector, based on the Information Privacy Principles. The Information Privacy Principles are incorporated into the Queensland Government's Information Standard 42: Information Privacy.

Form last updated: 1.7. 2009

ENROLMENT HEALTH FORM

Enrl-Form-1_E

clever • skilled • creative

Mobility Aides or Assistance (e.g. wheelchair, splints etc)			
Visual or Hearing Impairment			
Communication Limitations or Aides			
Behavioural Difficulties or Concerns			
Other, E.g. surgery			

Emergency Health Plans

Does your child currently have an Emergency Health Plan?

☐ **No** ☐ **Yes (Provide details, and forward a copy of any current Procedure and Plans to the school)**

Please Specify Type of Procedure: ______________________________

Specialised Health Procedures

Does your child require assistance with any Specialised Health Procedures while at school?

☐ **No** ☐ **Yes (Provide details, and forward a copy of any current Procedure and Plans to the school)**

Please Specify Type of Procedure: ______________________________

Health Service Providers Contact Details

Name of Health Provider		Contact Details
Family Doctor (GP):		
Paediatrician:		
Neurologist/Neurosurgeon:		
Pharmacist:		
Physiotherapist:		
Occupational Therapist:		
Speech Therapist:		
Others:		

Parent/Carer/Guardian Name: ______________________

Signature: ______________________ **Date:** ______________________

EQ Registered Nurse Use Only

Actions/Comments: ……………………………………………………………………………………………………

……

……

Name: ………………………….. **Signature:** ………………………….. **Date:** ……. / ……. / …….

The Queensland Government has established a set of procedures for the collection, use and disclosure of personal information within the Queensland public sector, based on the Information Privacy Principles. The Information Privacy Principles are incorporated into the Queensland Government's Information Standard 42: Information Privacy.

Form last updated: 1.7. 2009