

## SCHOOL NO. 4401 - KATANDRA WEST

Policy Statement: MANAGEMENT

### 703 - FIRST AID & MEDICAL PROFORMAS

Responsibility: Principal

This Policy was last ratified by School Council in 2017.

## 1. Introduction

The school has procedures for supporting student health for students with identified health needs and will provide a basic first aid response as set out in the procedure below to ill or injured students due to **unforeseen circumstances** and requiring **emergency** assistance.

These procedures have been communicated to all staff.

### First Aid Officers

Consistent with the Department's First Aid Policy and Procedures, the school will allocate staff member/s as First Aid Officer/s.

#### 2.1 First Aid Officer Duties

The First Aid Officer/s is required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications.

Their specific duties include:

- Participating in the risk management process within the school as part of the school's OHS team. This may include contributing to risk management solutions and providing feedback on injury reports and first aid register data to identify persistent or serious hazards.
- Providing first aid emergency awareness training for staff including emergency notification processes, a list of responsible officers and provision of emergency phone numbers.
- Coordinating first aid duty rosters and maintaining first aid room and first aid kits
- Coordinating first aid training delivery which will include level II first aid training, anaphylaxis and asthma training for all staff.
- Recording all first aid treatment. A copy of treatment provided shall be forwarded with the patient where further assistance is sought. The first aider should respect the confidential nature of any information given.
- Providing input on first aid requirements for excursions and camps.

The First Aid Officer/s will be available at the school during normal working hours and at other times when authorised Department programs are being conducted.

Where possible, only staff with first aid qualifications will provide first aid. However, in an emergency other **staff may be required to help within their level of competency.**

## **2. Procedures for Medical Treatment**

In the event of a student requiring medical attention, an attempt will be made to contact the parents/guardians before calling for medical attention except in an extreme emergency.

In serious cases, parents/guardians will always be informed as quickly as possible of their child's condition and of the actions taken by the school.

All accidents and injuries will be recorded on the Department's injury management system on CASES21.

A Record of First Aid Treatment will be kept in the Sick Bay and information recorded for all students treated in the Sick Bay. A pink slip will be filled in and sent home with the student indicating date and time of attendance in the Sick Bay, the treatment given and the person administering the first aid.

It is the policy of the school that all injuries to the head are reported to Principal Team Member in charge of First Aid and that parents/emergency contacts are contacted regarding the injury.

First aid kits will be available for all groups that leave the school on excursions. The content of these kits will be dependent on the nature of the activities, the number of students and staff, and the location of the excursion.

## **3. Assessment and First Aid Treatment of an Asthma attack**

If a student develops signs of what appears to be an asthma attack, appropriate care must be given immediately.

### **3.1 Assessing the severity of an asthma attack**

Asthma attacks can be:

- **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students judged to be having a severe asthma attack require emergency medical assistance.

Call an ambulance (dial 000), notify the student's emergency contact and follow the '*4 Step Asthma First Aid Plan*' while waiting for the ambulance to arrive. When calling the ambulance state clearly that a student is having 'breathing difficulties.' The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (as detailed below) must commence immediately. The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.

### **3.2 Asthma First Aid**

If the student has an Asthma Action Plan, follow the first aid procedure immediately. If no, Asthma Action Plan is available in the steps outlined below should be taken immediately.

***The 4 Step Asthma First Aid Plan (displayed in Sick Bay and classrooms):***

**Step 1**

Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. Do not leave the student alone.

**Step 2**

Without delay give 4 separate puffs of a blue reliever medication (*Airomir, Asmol, Epaq or Ventolin*). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

**Step 3**

Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

**Step 4**

If there is still little or no improvement; call an ambulance immediately (dial 000). State clearly that a student is having 'breathing difficulties.'

Continuously repeat steps 2 and 3 while waiting for the ambulance.

**4. Assessment and First Aid Treatment of Anaphylaxis**

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis is therefore regarded as a medical emergency that requires a rapid response.

Signs and symptoms

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting.

Symptoms of anaphylaxis (a severe allergic reaction) can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

The role and responsibilities of the principal

This principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis. The principal will:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student
- Ensure that parents provide the student's EpiPen® and that it is not out of date.
- Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms, noting privacy considerations.

- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Ensure that any external canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Allocate time, such as during staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen® regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.

The role and responsibilities of all school staff who are responsible for the care of students at risk of anaphylaxis

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

### **Individual Anaphylaxis Management Plans**

Every student who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan.

The student's Anaphylaxis Management Plan will clearly set out:

- the type of allergy or allergies.
- the student's emergency contact details.
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
  - » during classroom activities
  - » in canteens or during lunch or snack times
  - » before and after school, in the yard and during breaks
  - » for special events such as incursions, sport days or class parties
  - » for excursions and camps.
- the name of the person/s responsible for implementing the strategies.
- information on where the EpiPen® will be stored.

The Anaphylaxis Management Plan will also include an individual ASCIA Action Plan, which sets out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical Immunology and Allergy, is the peak body of immunologists and allergists in Australia).

It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the High School. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student.

As a student's allergies may change with time, our High School will ensure that the student's Anaphylaxis Management Plan and ASCIA Action Plan are kept current and reviewed annually with the student's parents/carers. When reviewed, parents will be expected to provide an updated photo of the child for the ASCIA Action Plan.

See Appendix D: Anaphylaxis Management Plan Cover Sheet

## **5. First Aid Kit Contents**

Consistent with the Department's First Aid Policy and Procedures the school will maintain a First Aid Kit that includes the following items:

- an up-to-date first aid book – examples include:
  - First aid: Responding to Emergencies, Australian Red Cross

- Australian First Aid, St John Ambulance Australia (current edition)
- Staying Alive, St John Ambulance Australia, (current edition)
  
- wound cleaning equipment
  - gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets of five
  - sterile saline ampoules: 12 x 15 ml and 12 x 30 ml
  - disposable towels for cleaning dirt from skin surrounding a wound
  
- wound dressing equipment
  - sterile, non-adhesive dressings, individually packed: eight 5 cm x 5 cm, four 7.5 cm x 7.5 cm, four 10 cm x 10 cm for larger wounds
  - combine pads: twelve 10 cm x 10 cm for bleeding wounds
  - non-allergenic plain adhesive strips, without antiseptic on the dressing, for smaller cuts and grazes
  - steri-strips for holding deep cuts together in preparation for stitching
  - non-allergenic paper type tape, width 2.5 cm–5 cm, for attaching dressings
  - conforming bandages for attaching dressings in the absence of tape or in the case of extremely sensitive skin
  - six sterile eye pads, individually packed
  
- bandages
  - four triangular bandages, for slings, pads for bleeding or attaching dressings, splints, etc
  - conforming bandages: two of 2.5 cm, two of 5 cm, six of 7.5 cm and two of 10 cm – these may be used to hold dressings in place or for support in the case of soft tissue injuries
  
- lotions and ointments
  - cuts and abrasions should be cleaned initially under running water followed by deeper and more serious wounds being cleaned with sterile saline prior to dressing. Antiseptics are not recommended
  - any sun screen, with a sun protection factor of approximately 15+
  - single use sterile saline ampoules for the irrigation of eyes
  - creams and lotions, other than those in aqueous or gel form, are not

recommended in the first aid treatment of wounds or burns

- asthma equipment (which should be in all major portable kits, camping kits, sports kits, etc)
- blue reliever puffer (e.g. Ventolin) that is in date
- spacer device
- alcohol wipes

Other equipment includes:

- single use gloves – these are essential for all kits and should be available for teachers to carry with them, particularly while on yard duty
- blood spill kits
- vomit spill kits
- one medicine measure for use with prescribed medications
- disposable cups
- one pair of scissors (medium size)
- disposable splinter probes and a sharps container for waste
- disposable tweezers
- one teaspoon
- disposable hand towels
- pen-like torch, to measure eye-pupil reaction
- two gel packs, kept in the refrigerator, for sprains, strains and bruises or disposable ice packs for portable kits
- adhesive sanitary pads, as a backup for personal supplies
- flexible ‘sam’ splints for fractured limbs (in case of ambulance delay)
- additional 7.5 m conforming bandages and safety pins to attach splints
- blanket and sheet, including a thermal accident blanket for portable kits
- germicidal soap and nail brush for hand-cleaning only
- one box of paper tissues
- paper towel for wiping up blood spills in conjunction with blood spill kit
- single use plastic rubbish bags that can be sealed, for used swabs and a separate waste disposal bin suitable for taking biohazard waste (note: Biohazard waste should be burnt and there are several companies that will handle bulk biohazard waste)
- ice cream containers or emesis bags for vomit.



## 6. Emergency Telephone Numbers

Poisons Information Service	13 11 26
Ambulance	000

The Principal, in consultation with School Council, may vary this Policy if circumstances require it.

# Condition Specific Medical Advice Form for a student with Diabetes

**This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.**

Name of School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MedicAlert Number(if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
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<b>Diabetes Management</b>	
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Please provide relevant details in relation to the student's Diabetes management.	
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<b>Student self management</b>	
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<p>Is this student usually able to self manage their own diabetes care?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If no, please provide details in relation to how the school should support the student in developing self-management.</p>	
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<b>Relevant issues</b>	
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Please outline any relevant issues in relation to attendance at school and learning as well as support required at school.	
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<b>First Aid – Signs of Hypoglycaemia (low blood glucose)</b>	
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<p>Below is a list of observable signs that school staff will look for in relation to a hypoglycaemia. Please provide comment, if required.</p> <p><b>Mild signs:</b> sweating, paleness, trembling, hunger, weakness, changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness), inability to think clearly, lack of coordination</p> <p><b>Moderate signs:</b> inability to help oneself, glazed expression, being disorientated, unaware or seemingly intoxicated, inability to drink and swallow without much encouragement, headache, abdominal pain or nausea.</p> <p><b>Severe signs:</b> inability to stand, inability to respond to instructions, extreme disorientation, inability to drink and swallow (leading to danger of inhaling food into lungs), unconsciousness or seizures (jerking or twitching of face, body or limbs)</p>	
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<p><b>First Aid – Hypoglycaemia</b> The following is the <b>first aid response that School staff will follow:</b></p>
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**Observable sign/reaction**

Mild / Moderate Hypoglycaemia signs



Mild / Moderate Hypoglycaemia signs



Severe Hypoglycaemia signs



Severe Hypoglycaemia signs



**First aid response**

Give glucose immediately to raise blood glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.)

Wait and monitor for 5 minutes.

▽

If there is no improvement, repeat giving glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.)

If the student's condition improves, follow up with a snack of one piece of fruit, a slice of bread or dried biscuits only when recovered.

▽

If there is still no improvement to the student's condition, call an ambulance. State clearly that the person has diabetes, and whether he or she is conscious. Inform emergency contacts.

▽

If unconscious, maintain **A**irway, **B**reathing and **C**irculation while waiting for the ambulance. Never put food/drink in mouth of person who is unconscious or convulsing. The only treatment is an injection of glucoses into the vein (given by doctor/paramedic) or an injection of Glucagon.

**First Aid– Hypoglycaemia**  
 If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.

**Observable sign/reaction**



**First aid response**

▽

▽

▽

<b>Description of the condition</b>	<b>Recommended support</b> Please describe recommended care If additional advice is required, please attach it to this medical advice form
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<b>First Aid – Signs of Hyperglycaemia (High blood glucose)</b>	
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Below is a list of observable signs that school staff will look for in relation to Hyperglycaemia. Please provide comment, if required.

Sings for this condition will emerge over two or three days and can include:

- frequent urination
- excessive thirst
- weight loss
- lethargy
- change in behavior

<b>First Aid Response– Hyperglycaemia (High blood glucose)</b>	
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The school will provide a standard first aid response and will call an ambulance if any of the following is observed or reported:

- Rapid, laboured breathing
- Flushed cheeks
- Abdominal pains
- Sweet acetone smell to the breath
- Vomiting
- Severe dehydration.

Please provide comment, if required.

**Privacy Statement**

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<b><u>Authorisation:</u></b>
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<b>Name of Medical/health practitioner:</b>
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Professional Role:
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Signature:
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Date:
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Contact details:
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<b>Name of Parent/Carer or adult/independent student**:</b>
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Signature:
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Date:
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If additional advice is required, please attach it to this form

\*\*Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).

# Condition Specific Medical Advice Form

## for a student with Epilepsy and seizures

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Name of School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MediAlert Number(if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
<b>Warning Signs</b> Can you please outline the warning signs (e.g. sensations)	
<b>Triggers</b> Can you please outline the known triggers (eg illness, elevated temperature, flashing lights)	
<b>Seizure Types</b> Please highlight which seizure types apply:	
<input type="checkbox"/> <b>Partial (focal) seizures</b> Which side of the brain is affected? _____  <input type="checkbox"/> <b>Simple partial</b> <input type="checkbox"/> Staring, may blink rapidly <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak <input type="checkbox"/> Jerking of parts of the body may occur <input type="checkbox"/> Rapid recovery <input type="checkbox"/> Person may have a headache or experience sensations that aren't real, such as sounds, flashing light, strange taste or smell, 'funny tummy' These are sometimes called an aura and may lead to other types of seizures.  <input type="checkbox"/> <b>Complex partial</b> <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input type="checkbox"/> Confused and drowsy after seizure settles, may sleep.  <input type="checkbox"/> <b>Generalised seizures</b> <input type="checkbox"/> <b>Tonic clonic</b> <input type="checkbox"/> Not responsive <input type="checkbox"/> Might fall down/cry out <input type="checkbox"/> Body becomes stiff (tonic) <input type="checkbox"/> Jerking of arms and legs occurs (clonic) <input type="checkbox"/> Excessive saliva <input type="checkbox"/> May be red or blue in the face <input type="checkbox"/> May lose control of bladder and/or bowel <input type="checkbox"/> Tongue may be bitten <input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually <input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.  <input type="checkbox"/> <b>Absence</b> <input type="checkbox"/> Vacant stare or eyes may blink/roll up <input type="checkbox"/> Lasts 5-10 seconds <input type="checkbox"/> Impaired awareness (may be seated) <input type="checkbox"/> Instant recovery, no memory of the event.  <input type="checkbox"/> <b>Myoclonic</b> <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times.	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
<b>Duration</b> How long does recovery take if the seizure isn't long enough to require Midazolam?	
<b>Person's reaction during and after a seizure</b>	

<b>Description of the condition</b>	<b>Recommended support</b> Please describe recommended care If additional advice is required, please attach it to this medical advice form
Please comment	
<b>Any other recommendations to support the person during and after a seizure</b>	
<b>Signs that the seizure is starting to settle</b>	

## First Aid - Management of Seizures

The following is the **first aid response** that School staff will follow:

(Developed by Children's Epilepsy Program, Royal Children's Hospital)

	"Major Seizures"	"Minor Seizures"
	Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure	Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures
1	Stay calm	Stay calm
2	Check for medical identification	Check for medical identification
3	Protect the person from injury by removing harmful objects close to them. Loosen any tight clothing or restraints. Place something soft under their head.	Protect the person from injury by removing harmful objects close to them
4	Stay with the person and reassure them. Do not put anything in their mouth and do not restrain them.	Stay with the person and reassure them
5	Time the seizure	Time the seizure
6	When the seizure is over, roll the person onto their side to keep their airway clear	If a tonic-clonic seizure develops, follow major seizure management
7	Treat any injuries	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure
8	Consider if an ambulance needs to be called. An ambulance should be called when: <ul style="list-style-type: none"> <li>• The seizure lasts longer than 5 -10 minutes.</li> <li>• Another seizure quickly follows</li> <li>• The person remains unconscious after the seizures ceases</li> <li>• The person has been injured</li> <li>• You are about to administer diazepam or midazolam</li> <li>• You are unsure</li> <li>• The seizure happens in water</li> <li>• The person is pregnant or a diabetic</li> <li>• The person is not known to have epilepsy.</li> </ul>	
9	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure	

## First Aid - Management of Seizures

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.

### Observable sign/reaction



### First aid response



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### Authorisation:

**Name of Medical/health practitioner:**

Professional Role:

Signature:

Date:

Contact details:

**Name of Parent/Carer or adult/independent student\*\*:**

Signature:

Date:

If additional advice is required, please attach it to this form

\*\*Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5)