Health profile

for education and care



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| The following information must be completed by the parent/guardian or adult student and returned to the preschool or school as soon as possible. This information is confidential and will be available only to relevant staff and emergency medical personnel. | | | |
| Name of child/young person: |  | | |
| DOB: |  | Medic alert number: |  |
| Allergies: |  | | |
| Education or care service: |  | Year level: |  |

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| **EMERGENCY CARE** |
| If your child becomes ill or is injured staff will administer basic first aid.  If your child requires emergency medical help an ambulance will be called and your child’s emergency contact will be notified. |

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| **HEALTH SUPPORT**  *(Identify if your child or young person’s has any health care needs)* | | | | | |
| **Personal Care** | | **Physical Health** | | **Neurodiversity** | |
|  | Continence |  | Anaphylaxis and allergy |  | ADHD |
|  | Infection control |  | Asthma |  | Anxiety |
|  | Oral eating and drinking |  | Cancer |  | Autism Spectrum |
|  | Personal Hygiene |  | Cerebral palsy |  | Depression |
|  | Transfer and positioning |  | Cystic Fibrosis |  | Eating disorders |
|  | Wound and skin care |  | Diabetes |  | Emotional regulation |
|  | |  | Osteogenesis Imperfecta |  | FASD |
|  | Seizures & Epilepsy |  | Gender Diversity |
|  | Spina bifida |  | Self-harm and suicidality |
|  | Other(specify) | | | | |
| Provide a copy of any health care plans, action plans or management plans completed by a health professional (these can be accessed on the Department for Education website) <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning> | | | | | |

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| **MEDICATION** | | |
| Is medication required to be administered in an education or care service? | **YES** | **NO** |
| If yes, a medication agreement must be completed  The medication agreement and supporting information can be accessed from the Department for Education website <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/medication-management> | | |

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| **CONSENT** | |
| The information I have provided is true and correct  I understand it is my responsibility to keep the education and care service up to date with my child’s health support information. | |
| Name | Relationship to child/young person |
| Signature | Date |