HENDERSON COLLEGE

STUDENT MEDICAL INFORMATION

Please indicate whether your child suffers from any of the following illnesses or conditions. If you tick 'Yes' please provide details of symptoms, medications to be administered and/or emergency procedures to be followed. Please specify any condition/s that may limit your child's ability to participate actively either in **physical education** or the **Stephanie Alexander Kitchen/Garden** program of the school.

CHILD'S NAME:

EPILEPSY? YES/NO

DIABETES? YES/NO

ASTHMA? YES/NO (An approved **asthma plan** must be provided)

MOTION SICKNESS? YES/NO

ANAPHYLAXIS/ALLERGIES/FOOD INTOLERANCES?
YES/NO (Food, bites, stings, medication etc.)

OTHER? (Please specify)

EMERGENCY CONTACTS

(PLEASE LIST PER

CONTACT 1

MOBILE:

RELATIONSHIP TO CHILD:

CONTACT 2

MOBILE:

RELATIONSHIP TO CHILD:

CONTACT 3

MOBILE:

Student Name:	DOB:	Year Level:	Gender: Male/Female

Please tick if any of the following Health or Wellbeing concerns are applicable to your student:

- ☐ Absenteeism
- ☐ Anxiety
- ☐ Anger Management
- ☐ Bullying
- ☐ Carer for Parent
- ☐ Eating Disorder
- ☐ Independent Student
- ☐ Depression
- ☐ Family Issues
- ☐ Mental Health
- ☐ Self Esteem
- ☐ Self-Harm
- ☐ Sleep Disorder
- ☐ Suicidal Ideation
- ☐ Transition
- ☐ Other ______________________
- ☐ Other ______________________
- ☐ Other ______________________

Please indicate if medication is required for the above conditions:

Medication	Dosage

Please tick if any of the following Learning Disabilities are applicable to your student:

- ☐ Attention Deficit/Disruptive Behaviour
- ☐ Autism Spectrum Disorder
- ☐ Dyslexia
- ☐ Dysgraphia
- ☐ Handwriting
- ☐ Hearing Impairment
- ☐ Developmental Delay
- ☐ Intellectual Disability
- ☐ Processing Difficulty
- ☐ Severe Language Disorder
- ☐ Vision Impairment OR Glasses
- ☐ Other ______________________

Please indicate if medication is required for the above conditions:

Medication	Dosage

Do you have any documentation available to support the above? ***Please attach relevant copies***

- ☐ Yes
- ☐ No
- ☐ Current Assessment
- ☐ Date ___/___/___
- ☐ Psychologist Report
- ☐ Date ___/___/___
- ☐ Medical Report
- ☐ Date ___/___/___

Notes:

If you have selected any of the boxes above, it is advised that you meet with the Henderson College Welfare Officer. Please contact the office for more information.

Parent/Guardian Signature:	Date ___/___/___