



**Charters Towers**

# DALRYMPLE TRADE TRAINING CENTRE

## Medical Details Form

Student's Name: \_\_\_\_\_

- My child **does not** have any known medical conditions.
- My child **has** the following known medical conditions.

**Please refer to the list overleaf when completing the Medical Condition Category sections.**

<b>Medical Condition 1:</b>	
Medical Condition Category: (Please use list of Medical Condition Categories provided)	
Symptoms: (Include specific medical condition name if known and any symptoms school should look for)	
Management: (Include any special instructions the school should follow with regard to this condition)	
<b>Medical Condition 2:</b>	
Medical Condition Category: (Please use list of Medical Condition Categories provided)	
Symptoms: (Include specific medical condition name if known and any symptoms school should look for)	
Management: (Include any special instructions the school should follow with regard to this condition)	

If your child has additional medical conditions, please attach details of all medical conditions.

### Where you will need additional written information from your practitioner

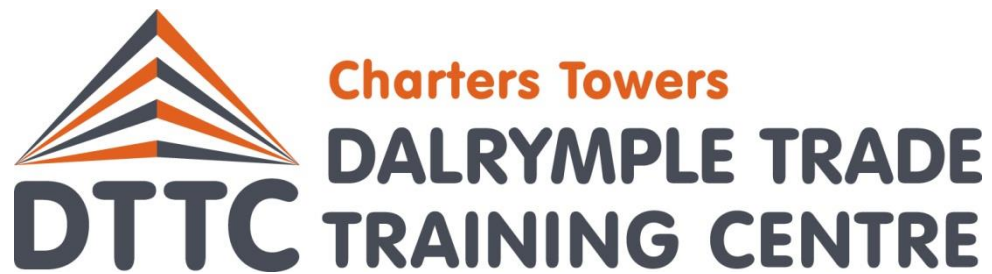
The Centre will need additional written information from the prescribing health practitioner if your child:

- a. **requires medication as an emergency response.** Depending on your child's health condition, your doctor will need to complete:
  - an Asthma Action Plan and/or
  - an Anaphylaxis Action Plan and/or
  - written instructions if your child has more complex health needs.
- b. **requires insulin.** Your doctor will need to complete a medication order for insulin.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### State Schools Standardised Medical Condition Category List

Acquired brain injury
Allergies/Sensitivities
Anaphylaxis
Airway/lung/breathing - Oxygen required (continuously/periodically)
Airway/lung/breathing - Suctioning
Airway/lung/breathing - Tracheostomy
Airway/lung/breathing - Other
Artificial feeding - Gastrostomy device (tube or button)
Artificial feeding - Nasogastric tube
Artificial feeding - Jejunostomy tube
Artificial feeding - Other
<b>Asthma</b>
Asthma — student self-administers medication
Attention-deficit /Hyperactivity disorder (ADHD)
Autism Spectrum Disorder (ASD)
Bladder and bowel - Urinary wetting, incontinence
Bladder and bowel Faecal soiling, constipation, incontinence
Bladder and bowel Catheterisation (continuous, clean intermittent)
Bladder and bowel Stoma site, urostomy, Mitrofanoff, MACE, Chair
Bladder and bowel - Other
Blood disorders - Haemophilia
Blood disorders - Thalassaemia
Blood disorders - Other
Cancer/oncology
Coeliac disease
Cystic Fibrosis
Diabetes - type one
Diabetes - type two
Ear/hearing disorders - Otitis Media (middle ear infection)
Ear/hearing disorders - Hearing loss
Ear/hearing disorders - Other
Epilepsy - Seizure
Eye/vision disorders
Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid
Heart/cardiac conditions - Heart valve disorders
Heart/cardiac conditions - Heart genetic malformations
Heart/cardiac conditions - other
<b>Mental Health - Depression</b>
Mental Health - Anxiety
Mental Health - Oppositional defiant disorder
Mental Health Other
Muscle/bone/musculoskeletal disorders - spasticity (Baclofen Pump)
Muscle/bone/musculoskeletal disorders Other
Skin Disorders - eczema
Skin Disorders - psoriasis
Swallowing/dysphagia - requiring modified foods
Swallowing/dysphagia - requiring artificial feeding
Transfer & positioning difficulties
Travel/motion sickness
Other



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