

Holy Child Primary School



ENROLMENT FORM

Thank you for your application to enrol your child/children at Holy Child Catholic Parish Primary School. An interview will be arranged with the Principal, to discuss your child's enrolment once all applications have been processed. Please note that this form is a request for enrolment only.

The Parish and the school are committed to the education of the total child. Jesus Christ is our model and example. We see it is important to develop our children in many ways:

- ❖ spiritually
- ❖ emotionally
- ❖ socially
- ❖ physically
- ❖ intellectually
- ❖ psychologically

The students enrolled at Holy Child have the right to feel safe and be safe. The well-being of children in our care will always be our first priority and we do not and will not tolerate child abuse. We aim to create a child-safe and child-friendly environment where children are free to enjoy life to the full without any concern for their safety.

Home Prep Visits – With the Prep Students start each year, the first four weeks of Term 1 one day a week will be for Prep Teachers to come to the home of Preps.

Please supply us with the following certificates/cards, when returning your form as we need to sight the originals and make a photocopy of them. We will return the originals to you.

- | | |
|---|---|
| <input type="checkbox"/> BIRTH CERTIFICATE | <input type="checkbox"/> BAPTISM CERTIFICATE |
| <input type="checkbox"/> IMMUNISATION HISTORY STATEMENT | <input type="checkbox"/> VISA (If born overseas, parents or child) |
| <input type="checkbox"/> HEALTH CARE CARD (Parent/Guardian only) | <input type="checkbox"/> MEDICARE CARD |
| <input type="checkbox"/> COURT ORDER (If applicable) | <input type="checkbox"/> |
| <input type="checkbox"/> Appendix A: Complaints, Complaints Form | <input type="checkbox"/> Appendix B: Outside School Hours Care |
| <input type="checkbox"/> Appendix C: Home Vsits | |

An Application Fee is required on acceptance of your child's enrolment: \$50.00 for each child. \$25 of this fee will be credited to your first account fee. Should the Primary School not accept your child(ren), the \$25 will be refunded to you. The other \$25 is a NON-REFUNDABLE administration fee. If you cancel your application or do not accept an offer of a place at Holy Child Primary School, the full enrolment application fee will NOT be refunded.

I look forward to meeting with you.

Yours sincerely,

Alan Smith
Principal

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ENROLMENT FORM

HOLY CHILD PRIMARY SCHOOL

227 Blair Street, Dallas 3047

E: office@hcdallas.catholic.edu.au

T: 03 9309 1620 Fax: 03 9309 7813



OFFICE USE ONLY

Enrolment for Year 20_____

CERTIFICATES REQUIRED

Enrolment date:	Date received:		
Birth <input type="checkbox"/>	Start date:	English, an Additional language: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Baptism <input type="checkbox"/>	Student code:	VSN:	House colour:
	Family code:		
Immunisation history <input type="checkbox"/>	Medical Alert: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visa information attached (if relevant): Yes <input type="checkbox"/> No <input type="checkbox"/>	
New Arrivals: Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Family: Yes <input type="checkbox"/> No <input type="checkbox"/>	New Family: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Working With Children Check	Father: Yes <input type="checkbox"/> No <input type="checkbox"/>	Mother: Yes <input type="checkbox"/> No <input type="checkbox"/>	
CRN No. on Health Card: _____ / _____ / _____ / _____	CSEF Form Completed (attached): Yes <input type="checkbox"/> No <input type="checkbox"/>		

STUDENT DETAILS

Surname:	Entry year 20	Entry level/grade:
First name/s:		
Preferred first name:		
Date of birth:	Religion: (include rite)	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other: <input type="checkbox"/>

HOME ADDRESS OF STUDENT

Street number and name:	
Suburb:	Postcode:
Home phone:	

EMERGENCY CONTACTS – OTHER THAN PARENT/GUARDIAN

1. Name:		2. Name:	
Relationship to child:		Relationship to child:	
Home phone:		Home phone:	
Mobile:		Mobile:	

PREVIOUS SCHOOL / PRESCHOOL PERMISSION

Name and address of previous school/preschool:
I/We give permission for the school to contact the previous school or preschool and to gather relevant reports and information to support educational planning: No <input type="checkbox"/> Yes <input type="checkbox"/>
(If yes, please complete Form B Sample Consent for Transferring Information.)

SACRAMENTAL INFORMATION

Baptism:	Date:	Parish:
Confirmation:	Date:	Parish:
Reconciliation:	Date:	Parish:
Communion:	Date:	Parish:
Current parish:		

FAMILY DETAILS**Who will be responsible for payment of the school fees and levies?**

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother Only	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other
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PARENT A / GUARDIAN 1

Surname:		Title: (e.g. Mr/Mrs/Ms)		First name:	
Address:					
Home phone:		Work phone:		Mobile:	
SMS messaging: (for emergency and reminder purposes)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:					
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index)			
Religion: (include rite)			Nationality:	Ethnicity if not born in Australia:	
Country of birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):			
What is the highest year of primary or secondary school Parent A/Guardian 1 has completed? (Persons who have never attended secondary school, tick 'Year 9 or below'.)					
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>		
What is the level of the highest qualification Parent A/Guardian 1 has completed?					
No post-school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>		

PARENT B / GUARDIAN 2

Surname:		Title: (e.g. Mr/Mrs/Ms)		First name:	
Address:					
Home phone:		Work phone:		Mobile:	
SMS messaging: (for emergency and reminder purposes)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:					
Government Requirement	Occupation:	What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index on p. 11)			
Religion: (include rite)			Nationality:	Ethnicity if not born in Australia:	
Country of birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other (please specify):			
What is the highest year of primary or secondary school Parent B/Guardian 2 has completed? (Persons who have never attended secondary school, tick 'Year 9 or below'.)					
Year 9 or below <input type="checkbox"/>	Year 10 or equivalent <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>		
What is the level of the highest qualification Parent B/Guardian 2 has completed?					
No post-school qualification <input type="checkbox"/>	Certificate I to IV (including trade certificate) <input type="checkbox"/>	Advanced diploma/diploma <input type="checkbox"/>	Bachelor degree or above <input type="checkbox"/>		

SIBLINGS ATTENDING A SCHOOL/PRESCHOOL

List all children in your family attending school or preschool (oldest to youngest) – include applicant:

Name	School/preschool	Year/grade	Date of birth

HOME CARE ARRANGEMENTS

<input type="checkbox"/> Living with Mother and Father	<input type="checkbox"/> Single parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father
<input type="checkbox"/> Living with a step family	<input type="checkbox"/> Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:
<input type="checkbox"/> Guardian	<input type="checkbox"/> Out-of-Home Care
<input type="checkbox"/> Other	

COURT ORDERS OR PARENTING ORDERS (if applicable)

Are there any current court orders or parenting orders relating to the student? Yes ☐ No ☐

If yes, copies of these court orders/parenting orders (e.g. AVOs, Family Court/Federal Magistrates Court orders or other relevant court orders) must be provided.

Is there any other information you wish the school to be aware of?

NATIONALITY

Government Requirement	Nationality:	Ethnicity:
In which country was the student born?	Australia <input type="checkbox"/>	Other – please specify:
Is the student of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, tick 'Yes' for both.)		
No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>

Does the student or their parent(s)/guardian(s) speak a language other than English at home?

Note: Record all languages spoken.

	Student	Parent A/Guardian 1	Parent B/Guardian 2
No English only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes Other – please specify all languages			

IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS*

Please tick the relevant category below and record the visa subclass number as per government requirements:
(original documents to be sighted and copies to be retained by the school)

Australian citizen not born in Australia:

<input type="checkbox"/>	Australian citizen (Australian passport or naturalisation certificate number/document for travel if country of birth is not Australia)
Australian passport number:	
Naturalisation certificate number:	
Visa subclass recorded on entry to Australia:	
Date of arrival in Australia:	
Not currently an Australian citizen, please provide further details as appropriate below:	
<input type="checkbox"/>	Permanent resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Temporary resident: (if ticked, record the visa subclass number)
<input type="checkbox"/>	Other/visitor/overseas student: (if ticked, record the visa subclass number)

* Please attach visa/ImmiCard/letter of notification and passport photo page

MEDICAL INFORMATION

Doctor's name:			
Street number and name:			
Suburb:		Postcode:	Phone:
Medicare number:		Ref number:	Expiry:
Private health insurance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund:	Number:
Ambulance cover:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	
Medical condition:	<p>Please specify any relevant medical conditions for the student, e.g. asthma, diabetes, anaphylaxis, and/or any medications prescribed for the student. A Medical Management Plan signed by a relevant medical practitioner (doctor/nurse) will be required for each of the medical conditions listed.</p> <p>Please list specific details for any known allergies that do not lead to anaphylaxis, e.g. hay fever, rye grass, animal fur.</p>		
Has the student been diagnosed as being at risk of anaphylaxis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, does the student have an EpiPen or Anapen?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Please note: All medical plans will be displayed in the School First Aid Room, and they will be confidentially shredded at the end of the child's enrolment at Holy Child Primary School.</p>			

IMMUNISATION (please attach an immunisation history statement for your child)

All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit myGov) and provide it to the school with this enrolment form.	Immunisation history statement attached: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide explanation:
If the student entered Australia on a humanitarian visa, did they receive a refugee health check?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide all required information to allow us to meet our duty of care obligations and facilitate the smooth transition of your child into our school. It will assist the school to implement appropriate adjustments and strategies to meet the particular needs of your child. If the information is not provided or is incomplete, incorrect or misleading, current or ongoing enrolment may be reviewed.

ADDITIONAL NEEDS

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Does your child present with:					
autism (ASD)	<input type="checkbox"/>	behavioural concerns	<input type="checkbox"/>	hearing impairment	<input type="checkbox"/>
intellectual disability/developmental delay	<input type="checkbox"/>	mental health issues	<input type="checkbox"/>	oral language/communication difficulties	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	acquired brain injury	<input type="checkbox"/>	vision impairment	<input type="checkbox"/>
giftedness	<input type="checkbox"/>	physical impairment	<input type="checkbox"/>	other condition (please specify)	<input type="checkbox"/>
Has your child ever seen a:					
paediatrician	<input type="checkbox"/>	physiotherapist	<input type="checkbox"/>	audiologist	<input type="checkbox"/>
psychologist/counsellor	<input type="checkbox"/>	occupational therapist	<input type="checkbox"/>	speech pathologist	<input type="checkbox"/>
psychiatrist	<input type="checkbox"/>	continence nurse	<input type="checkbox"/>	other specialist (please specify)	<input type="checkbox"/>
Have you attached all relevant information/reports? Yes <input type="checkbox"/> No <input type="checkbox"/>					

PERMISSION FOR SUNSCREEN APPLICATION

<input type="checkbox"/>	I understand that this permission is valid for the period of my child's primary school years at the school and will only need to be renewed if the school's policy changes in relation to Sunscreen Application.
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PARENT/CARER/GUARDIAN SIGNATURE:		Date:
PARENT/CARER/GUARDIAN SIGNATURE:		Date:

Note: The Victorian Government provides the following guidance regarding admission requirements:

Consent

The signature of:

- student, if they are over 15 and living independently
- parent as defined in the *Family Law Act 1975*
 Note: In the absence of a current court order, each parent of a child who is not 18 has equal parental responsibility.
- both parents for parents who are separated, or a copy of the court order with any impact on the relationship between the family and the school
- an informal carer, with a statutory declaration. Carers:
 - may be a relative or other carer
 - have day-to-day care of the student with the student regularly living with them
 - may provide any other consent required e.g. excursions.

Notes for informal carer:

- statutory declarations apply for 12 months
- the wishes of a parent prevail in the event of a dispute between a parent legally responsible for a student and an informal carer.

Note: Secondary students may complete parts of the form and co-sign.

Disclaimer:

Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on its website [insert school web address].

PARENT / CARER DECLARATION

1. Tuition Fee accounts are sent out at the commencement of the Primary School year and before the start of each term to remind parents of the payments, which are four equal instalments due in the first two weeks of each term (discounts will apply for early payments).
2. I/We agree that the Primary School will not be held liable for any loss of property by my child for any reason whatsoever.
3. I/We give consent for the information I/We have provided is to be used for administrative and educational purposes to supply my child(ren), as stated in the Holy Child Privacy Policy.
4. I/We give consent for the Primary School check our child(ren) for any childhood common medical conditions i.e. Head Lice, Mumps, Chicken Pox, Fever, etc. If suspected of a common medical condition the child will be sent home and a Doctor to be seen for confirmation or dismissal of suspected medical condition.

PARENT / CARER SIGNATURE:		Date:
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AGREEMENT

I acknowledge that I understand and accept the terms and conditions of enrolment as set out in the Explanatory Statement and, if enrolment is accepted, I agree that there are certain expectations, obligations and guarantees required of parents/guardians of the school's students, so that a harmonious relationship may be established:

- I will support and abide by school policies and rules, as amended from time to time, in relation to programs of studies, sports, pastoral care, school uniform, acceptable behaviour, child safety, discipline and general operations of the school
- I will ensure that the information I have provided is kept up to date throughout the period of enrolment and I will notify the school promptly of any changes to that information (e.g. change of residential address, changes to parenting orders)
- I will pay the current school fees and levies for my child and also pay any variation or increase of fees and levies as required upfront at the beginning of the school year or in three instalments (and will pay in full by the end of Term 3 each year), or I will otherwise notify the school immediately if I am experiencing financial difficulties
- I will support my child's participation in the religious life of the school (e.g. school liturgies, retreat programs)
- I will attend parent/teacher and information evenings which relate to my child
- **I will participate in a working bee once a year or make a financial contribution**
- In the event I have any concerns, I will raise them initially with the relevant teacher or the school principal
- I will treat all members of the school community with respect as befits a Catholic school
- If in time of emergencies, accidents or serious illness I cannot be contacted, I give permission for the principal (or their representative) to seek medical attention for my child as required (which may include transportation to the nearest hospital, medical centre or doctor by ambulance or private vehicle). I also understand that the signatories below are required to meet any costs incurred
- As a parent/guardian, I understand that if this application is successful, I will support the vision of the school and parish. In accepting the enrolment, I agree to abide by all of the school's policies, procedures and protocols (Policies). These Policies are reviewed regularly and may be subject to change at the school's discretion. I will work with the school to support any academic/social/behavioural needs of my child. I agree to support my child's participation in the religious life of the school (e.g. school liturgies, Masses etc.). The consequence of not complying with the school's Policies may result in the termination of the enrolment.

I understand that if any misleading information has been provided, or any omission of significant information is made in the application for enrolment, acceptance will not be granted; or, if discovered after acceptance, enrolment may be withdrawn.

Parent A/Guardian 1 signature:		Date:
Parent B/Guardian 2 signature:		Date:

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on its website [insert school web address].

CSEF Application Form (For Health Card Holders)

School Ref ID 21653

Parent / Guardian details

Surname					First name				
Address									
Suburb					State			Postcode	
Contact Number									
Centrelink Pensioner Concession			OR	Health Care Card Number (CRN)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
<input type="text"/>	Foster parent*		OR	<input type="text"/>	Veterans affairs pensioner				

*Foster Parents must provide a copy of the temporary care order letter from the Department of Health and Human Services (DHHS).

Student details

Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyyy)	Year Level

I authorise the Department of Education and Training (DET) to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service. I also authorise the Australian Government Department of Human Services (the department) to provide the results of that enquiry to DET.

I understand that:

- the department will use information I have provided to the DET to confirm my eligibility for the Camps, Sports and Excursions Fund and will disclose to the DET personal information including my name, address, payment and concession card type and status;
- this consent, once signed, remains valid unless I withdraw it by contacting the school or the department;
- I can obtain proof of my circumstances/details from the department and provide it to DET so that my eligibility for the Camps, Sports and Excursions Fund can be determined;
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Camps, Sports and Excursions Fund provided by DET; and
- Some personal information may be disclosed to the Victorian Department of Health and Human Services, for the purpose of evaluation and monitoring of concession card services.

You are able to request access to the personal information that we hold about you, and to request that any errors be corrected, by contacting your child's school.

Signature of Applicant

Date

FORM B – Consent to Transfer Information

STUDENT DETAILS

First Name		Surname		DOB	
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SCHOOL TRANSFER DETAILS

Current School					
E No.	E	School		Suburb	
New School/Catholic Education Commission of Victoria Ltd (CECV)					
E No.	E	School		Suburb	

The teacher/principal has discussed with me/us how and why certain information about my/our child is provided to the new school. I/We understand that in addition to formal reports etc., details regarding the educational program will be supplied.

I/We provide informed and express consent for all relevant health and/or educational information (detailed below) held by **school A** to be provided to **school B**. I understand that this information will be collected and used by Holy Child to inform health and safety management strategies and educational programming for my/our child.

TYPE OF INFORMATION

(e.g. personalised learning plans/student programs, medical reports, specialist notes, information regarding adjustments, medical management plans, attendant care plans, behaviour support plans, safety plans)

Date	Author (eg. psychologist's/medical practitioner's name)	Title (eg. speech pathologist, psychologist, paediatrician)	Description (eg. cognitive assessment, language assessment)

CONSENT

Parent/Carer/Guardian Name	
Parent/Carer/Guardian Signature:	
Date:	

Parent/Carer/Guardian Name	
Parent/Carer/Guardian Signature:	
Date:	

Please refer to each school's information about their use and disclosure of information, and information regarding their privacy policy. Further clarification is available on request from the principals.

PHOTOGRAPH / RECORDING PERMISSION FORM

Dear Parent/Guardian

At certain times throughout the year, students may have the opportunity to be photographed or recorded/filmed by the school or its service providers for school publications, such as the school's newsletter or website and social media, or to promote the school in newspapers and other media.

Catholic Education Melbourne (CEM) and the Catholic Education Commission of Victoria Ltd (CECV) may also wish to use student photographs/recordings in print and online promotional, marketing, media and educational materials.

We would like permission to use your child's photograph/recording for the above purposes. Please complete the permission form below and return it to the school as soon as possible.

Thank you for your continued support.

STUDENT'S FULL NAME:		YEAR LEVEL:	
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- I give permission for my child's:
 - name ☐
 - photograph ☐
 - recording ☐to be published by the school on/in:
 - the school website
 - social media
 - promotional materials
 - newspapers and other media.
- I authorise CEM / the CECV to use the photograph/recording in material available free of charge to schools and education departments around Australia for CEM/the CECV's promotional, marketing, media and educational purposes.
- I give permission for a photograph/recording of my child to be used by the school / CEM / the CECV in the agreed publications without acknowledgment, remuneration or compensation.
- I understand and agree that if I do not wish to consent to my child's photograph/recording appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify the school.

LICENSED UNDER NEALS: The photograph/recording may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.

Name of parent/guardian (please circle):			
Signed: parent/guardian		Date:	
If the student is aged 15+, they may also sign: Signed: student		Date:	

Any permission and consent given may be withdrawn by the parent/guardian or student (if they are aged 15 or over) by notifying the school in advance of any photograph or recording being made.

Disclaimer: Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on its website [insert school web address].

FAMILY GENERAL PERMISSION FORM

RELEASE OF CONTACT DETAILS / LOCAL EXCURSIONS

Child's Name _____ Year commenced at Holy Child _____

1. I/We give permission for Holy Child School to release contact details for my family within the school only to such groups and individuals as members of Parents and Friends, Class Mothers, for personal contact only, and for the purpose of compiling class helper lists, i.e. rosters, etc.
2. I/We give permission for my child/children to attend local excursions (local shops, parks and recreation spaces).
3. In case of an emergency, I/We give permission for my child/children to be taken to hospital as a casualty.

PARENT/CARER/GUARDIAN		
SIGNATURE:		
DATE:		

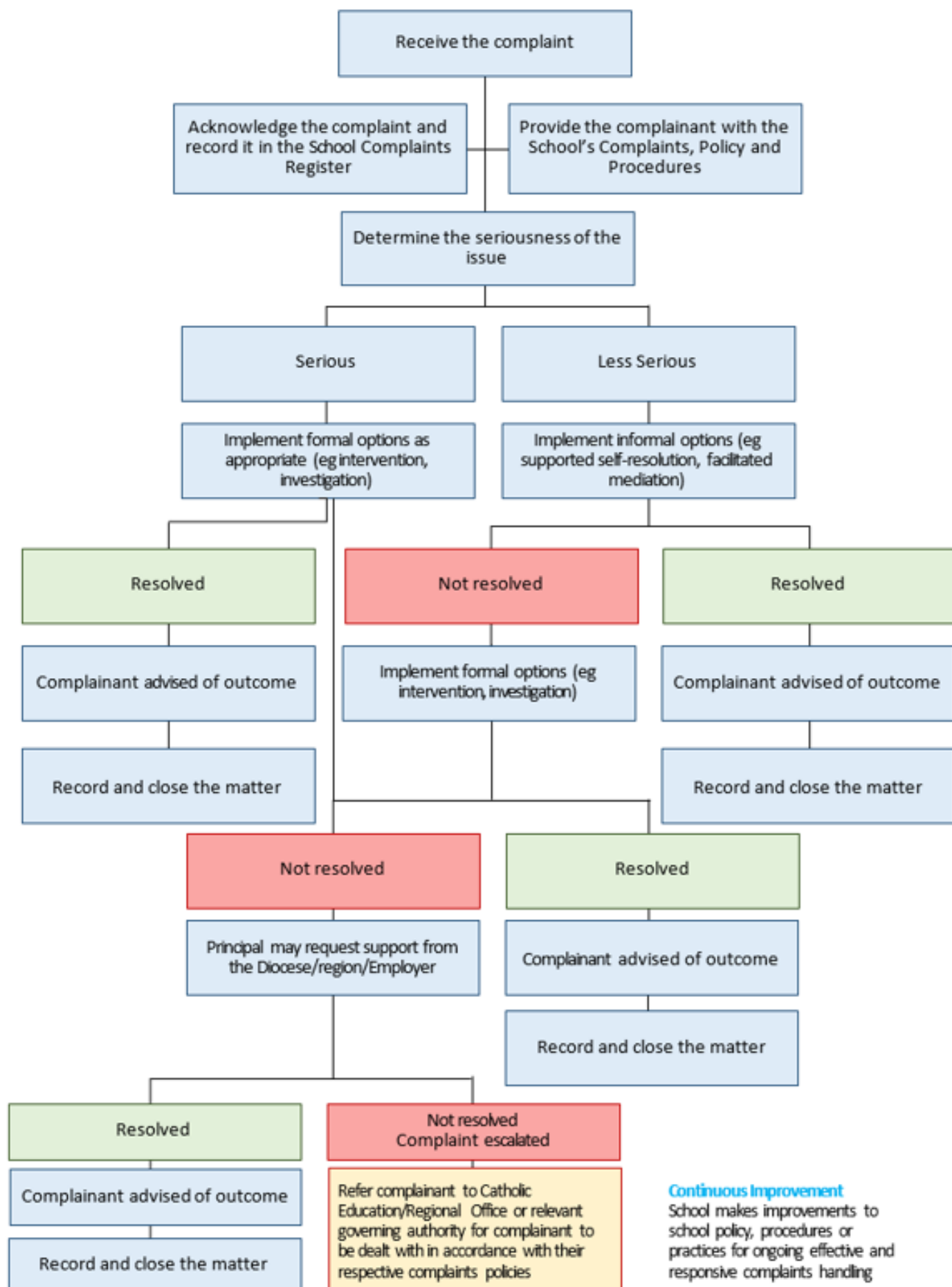
STUDENT/FAMILY DOCUMENTATION

At Holy Child, student documents are stored on Google Drive, this allows staff to work in a collaborative way and access documents they need to in order to best support your child. These documents are stored on a secure server within Australia and can only be accessed by employees from Holy Child School. Please do not hesitate to contact Holy Child if you have any questions or queries.

I am aware that my child's files will be stored on Google Drive.

PARENT/CARER/GUARDIAN		
SIGNATURE:		
DATE:		

APPENDIX A (i) COMPLAINTS



APPENDIX A (ii)

COMPLAINTS FORM

1. YOUR DETAILS				
Family name:		Given name(s):		
Address:				
Contact number:		Email:		
2. YOU ARE (Please tick one)				
<input type="checkbox"/> Student		<input type="checkbox"/> Parent/Carer		<input type="checkbox"/> Other (please specify)
3. SUBJECT OF THE COMPLAINT (Please tick one)				
<input type="checkbox"/> School	<input type="checkbox"/> Staff member	<input type="checkbox"/> Student	<input type="checkbox"/> Policy/Procedure	<input type="checkbox"/> Other (please specify)
4. DETAILS OF THE COMPLAINT				
(Please attach additional page(s) if space is insufficient. You may also attach further documentation if you wish)				
5. DETAILS OF THE OUTCOME YOU ARE SEEKING				
(Please attach additional page(s) if space is insufficient)				
6. HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER? (Please tick)				
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?		
Who dealt with the matter?				
What was the result?				
Signature:		Date:		
OFFICE USE - OUTCOME				
<i>For matters which have been resolved</i>				
Resolution options				
<input type="checkbox"/> Self-resolution	<input type="checkbox"/> Supported self-resolution	<input type="checkbox"/> Facilitated mediation	<input type="checkbox"/> Intervention	<input type="checkbox"/> Investigation
Actions undertaken:				
Outcome:				
Date matter was finalised:				
Name of staff member:		Signature:		
<i>For matters requiring further action</i>				
Referred to:	Name:	Date:		
Referred by:	Name:	Signature:		
Outcome:				
Name of staff member:		Signature:		

Outside School Hours Care

at Holy Child Primary School, Dallas



What happens in OSHC?

Every program includes elements from each of the following areas:

- Outdoor Play Time
- Construction and Manipulative Play
- Creative Time
- Life Skills
- Homework and Quiet Time
- New Experiences

Program	Times	Permanent (Full Fee)	Casual (Full Fee)
Before School Care	6.30am - 8.45am	Centrelink Subsidy Available	
After School Care	3.30pm - 6.30pm		



Book now: www.campaaustralia.com.au

Are you eligible for the Child Care Subsidy?

The Child Care Subsidy can provide up to 85% off your fees.
If you're unsure about your eligibility contact Centrelink on 13 61 50.

Details of all fees, terms and conditions are available at www.campaaustralia.com.au
Need Help? Our Customer Care Team are available 24/7 on 1300 105 343



HOME VISITS



Dear Parent(s) / Carer(s),

It is very important to us that we find ways to communicate with each other to support your involvement in your child's education. This year we are organising home visits as a way to reach out to families and get to know them better. We would like to set up a time to come to your home for a brief 20-30 minute visit. We would like to learn more about you, your family and your hopes and dreams for your child's education.

As teachers, we do home visits with the families of our students because the more we connect with you, the expert on your child, the better we will be able to support your child's learning and development.

The idea is simple, but stronger relationships between us really make an impact on school success. Studies show that this program has improved attendance, test scores, classroom behaviour, cultural awareness and increased family engagement in schools.

Visits last approx. 30 minutes, and during the visit, time is taken to share our experiences, expectations, and our hopes and dreams for our children. Your child and other family members are welcome to take part. This is not a parent/teacher conference. This is NOT a meeting to tell you what to do as a parent or to get you to sign up for anything.

Every family is eligible for a home visit: no one is targeted for any reason. We will try to visit all the families in our classroom that are willing.

We are excited about this program and look forward to meeting with you!

Please fill out the slip below and have your child return it to us as soon as possible, and we will contact you to arrange a time.

Warm regards,

Holy Child Primary School



Yes, we are interested in a home visit.

Student Name	Teacher Name
Relationship to Student	
Wednesday, ____ February 202__	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Wednesday, ____ February 202__	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Wednesday, ____ February 202__	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Wednesday, ____ February 202__	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

EXPLANATORY STATEMENT

1. Preamble

- 1.1. Catholic education is intrinsic to the mission of the Church. It is one means by which the Church fulfils its role in assisting people to discover and embrace the fullness of life in Christ. Catholic schools offer a broad, comprehensive curriculum imbued with an authentic Catholic understanding of Christ and his teaching, as well as a lived appreciation of membership of the Catholic Church.
- 1.2. Parents and guardians, as the first educators of their children, enter into a partnership with the Catholic school to promote and support their child's education. Parents and guardians must assume a responsibility for maintaining this partnership by supporting the school in furthering the spiritual and academic life of their children.

2. Enrolment

- 2.1. You are required to provide particular information about your child during the enrolment process, both at the application stage and if the school offers your child a place. Please note that lodgement of the enrolment form does not guarantee enrolment at the school. If the information requested is not provided, we may not be able to enrol your child.
- 2.2. To meet school and government requirements, you will need to provide the school with a completed enrolment form including, among other things, the information listed below.

<ul style="list-style-type: none">evidence of your child's date of birth, e.g. birth certificate, passport	<ul style="list-style-type: none">information about the language(s) your child speaks and/or hears at home
<ul style="list-style-type: none">religious denomination	<ul style="list-style-type: none">nationality and/or citizenship including the visa subclass granted upon entry to Australia (prior to citizenship being granted) where applicable
<ul style="list-style-type: none">names and addresses of the child and parents/guardians; telephone numbers (home, work, mobile) of parents/guardians	<ul style="list-style-type: none">doctor's name and telephone number
<ul style="list-style-type: none">names of emergency contacts and their details	<ul style="list-style-type: none">information on additional learning needs (for example, whether your child requires additional support in relation to mobility, language, social skills development, welfare needs, challenging behaviours, adjustments to the curriculum, etc.)
<ul style="list-style-type: none">specific residence arrangements	<ul style="list-style-type: none">parenting agreements or court orders, including any guardianship orders

- 2.3. After lodgement of this form, school staff may need to request further information, for example in relation to any parenting orders, medical conditions or additional learning needs that you have noted on the enrolment form. In addition, it is often useful for parents/guardians to attend a meeting with school staff prior to enrolment to discuss any additional needs your child may have. An interpreter may be organised, if required.
- 2.4. Subject to any special exercise of discretion by the parish priest, the following list provides an agreed order of priority for enrolment in our school, which is consistent with the enrolment policy for all Catholic schools. The order of priority is:
 - a) Catholic children who are residents of the parish
 - b) Catholic children who do not reside in the parish but are recognised as parishioners by the parish priest
 - c) Catholic children from other parishes (for pastoral reasons)
 - d) children from non-Catholic Eastern churches who reside in the parish
 - e) children from non-Catholic Eastern churches who reside outside the parish
 - f) other Christian children who reside in the parish
 - g) other Christian children who reside outside the parish
 - h) non-Christian children who reside in the parish
 - i) non-Christian children who reside outside the parish.

3. Fees

- 3.1. The setting of fee levels and other compulsory charges in Catholic schools is the responsibility of the school, taking into account the allocation of government funds. The school offers a number of methods for paying fees to reduce any financial burden and to assist financial planning. If you have difficulty in meeting the required fee payment, you are welcome to discuss this with the principal of the school.

- 3.2. The fees must be paid for a child to enrol and to continue enrolment at the school. The school has discretion whether to allow a child to participate in optional or extracurricular school events, such as paid school excursions or extracurricular activities, while fees remain due and payable.

4. Enrolment under minimum school entry age

- 4.1. Catholic Education Melbourne Enrolment for Schools Policy 2.4 is intended to ensure that, when enrolling students, Catholic schools are compliant with relevant Victorian and Australian government legislation. The minimum starting age for a child to be enrolled in a Victorian school is four years and eight months, i.e. a child must turn five by 30 April in the year of starting school. Enrolment of children under the minimum school entry age and pre-Prep programs require approval from Catholic Education Melbourne via the 'Application for Early Age Entry to School'.

- 4.2. In the rare situations where:

- a) a parent/guardian seeks enrolment of a child under the minimum starting age
- b) the principal supports the enrolment of that child at the school

the approval of the Executive Director of Catholic Education Melbourne is required before enrolment under the minimum starting age can occur. Approval for early age enrolment will only be granted in exceptional circumstances.

5. Child safe environment

- 5.1. Catholic school communities have a moral, legal and mission-driven responsibility to create nurturing school environments where children are respected, their voices are heard, and where they are safe and feel safe.
- 5.2. Every person involved in Catholic education, including all parents at our school, has a responsibility to understand the importance and specific role they play individually and collectively to ensure that the wellbeing and safety of all children is at the forefront of all they do and every decision they make.
- 5.3. Our school's child safe policies, codes of conduct and practices set out our school's commitment to child safety, and the processes for identifying, communicating, reporting and addressing concerning behaviour and allegations of child abuse. These documents establish clear expectations for all staff and volunteers for appropriate behaviour with children in order to safeguard them against abuse.
- 5.4. Our school has established human resources practices where newly recruited staff, existing staff and volunteers in our school understand the importance of child safety, are trained to minimise the risk of child abuse, and are aware of our school's relevant policies and procedures. Our school also provides ongoing training, supervision and monitoring of staff to ensure that they are suitable to work with children as part of our human resources practices.
- 5.5. Our school has robust, structured risk management processes that help establish and maintain a child safe environment, which involves consideration of possible broad-based risk factors across a wide range of contexts, environments, relationships and activities that children within our school engage in.
- 5.6. Our school, in partnership with families, ensures children and young people are engaged and are active participants in decision-making processes, particularly those that may have an impact on their safety. This means that the views of staff, children, young people and families are taken seriously and their concerns are addressed in a just and timely manner.
- 5.7. Our school's child safety policies and procedures are readily available and accessible. Further details on the Catholic education community's commitment to child safety across Victoria can be accessed by visiting:
- a) Catholic Education Commission of Victoria Ltd's child safety page www.cecv.catholic.edu.au/Our-Schools/Child-Safety
 - b) Catholic Education Melbourne's child safety page www.cem.edu.au/Our-Schools/Choosing-a-School/Child-Safety.aspx.

6. Terms of enrolment regarding acceptable behaviour

- 6.1. Our school is a community that exemplifies the gospel values of love, forgiveness, justice and truth. The school community recognises that everyone has the right to be respected, to feel safe and be safe; and, in this regard, understands their rights and acknowledges their obligation to behave responsibly.
- 6.2. Every person at the school has a right to feel safe, to be happy and to learn; therefore, we aim to:
- a) promote the values of honesty, fairness and respect for others
 - b) acknowledge the worth of all members of the community and their right to work and learn in a positive environment
 - c) maintain good order and harmony
 - d) affirm cooperation as well as responsible independence in learning
 - e) foster self-discipline and develop responsibility for one's own behaviour.

- 6.3. The school administration, in consultation with the school community wherever appropriate, will prescribe standards of dress, appearance and behaviour for the student body. As a term of your child's enrolment, parents and guardians are expected to comply with the school's behaviour aims and code of conduct, and to support the school in upholding prescribed standards of dress, appearance and behaviour.
- 6.4. Unacceptable behaviour by a child, or repeated behaviour by a parent or guardian that, in the school's view, is unacceptable and damaging to the partnership between parent/guardian and school, may result in suspension or termination of the child's enrolment.

7. Terms of enrolment regarding conformity with principles of the Catholic faith

- 7.1. As a provider of Catholic education, the principal will take into account the need for the school community to represent and comply with the doctrines, beliefs and principles of the Catholic faith when making decisions regarding matters of school administration, including enrolment. Students and families who are members of other faiths are warmly welcomed at our school. However, the school reserves the right to exercise its administrative discretion in appropriate circumstances, where it is necessary to do so to avoid injury to the religious sensitivities of the Catholic school community.

8. Terms of enrolment regarding provision of accurate information

- 8.1. It is vitally important that the school is made aware of each child's individual circumstances insofar as these may impact upon their physical, functional, emotional or educational needs, particularly where the school is required to provide additional support to the child.
- 8.2. Parents and guardians must provide accurate and up-to-date information when completing an enrolment form and must supply the school, prior to enrolment, any additional information as may be requested, including copies of documents such as medical/specialist reports (where relevant to the child's schooling), reports from previous schools, court orders or parenting agreements. Provision of requested documentation is regarded as a condition of enrolment, and enrolment may be refused where a parent/guardian has unreasonably refused to provide requested information or knowingly withheld relevant information from the school.
- 8.3. Where, during the course of a child's enrolment, new information becomes available that is material to the child's educational and/or safety/wellbeing needs, it is a term of the child's continuing enrolment that such information is provided to the school promptly.
- 8.4. The provision of an inaccurate residential address or failure to provide an updated residential address for the child will also be treated as a breach of the terms of enrolment.

9. Enrolment for children with additional needs

- 9.1. The school welcomes parents/guardians who wish to enrol a child with additional needs and will do everything possible to accommodate the child's needs, provided that an understanding has been reached between the school and parents/guardians prior to enrolment regarding:
- a) the nature of any diagnosed or suspected medical condition/disability, or any other circumstances that are relevant to the child's additional learning needs (for example, giftedness or an experience of trauma)
 - b) the nature of any additional assistance that is recommended/appropriate to be provided to the child (for example, medical or specialist equipment, specialist referrals, specific welfare support, modifications to the classroom environment or curriculum, aide assistance, individual education programs, behaviour support plans or other educational interventions as may be relevant)
 - c) the individual physical, functional, emotional or educational goals that are appropriate to the child, and how the parents/guardians and the school will work in partnership to achieve these goals
 - d) any limitations on the school's ability to provide the additional assistance requested.
- 9.2. The process for enrolling students with additional needs is otherwise the same as for enrolling any student.
- 9.3. As every child's educational needs can change over time, it will often be necessary for the school to review any additional assistance that is being provided to the child, in consultation with parents/guardians and the child's treating medical/allied health professionals, in order to assess whether:
- a) the additional assistance remains necessary and/or appropriate to the child's needs
 - b) the additional assistance is having the anticipated positive effect on the child's individual physical, functional, emotional or educational goals
 - c) it remains within the school's ability to continue to provide the additional assistance, given any limitations that may exist.

10. Assessment and updates

- 10.1. Various opportunities are provided to keep you up to date with your child's progress. You will receive two comprehensive written reports each year and arrangements will be made for at least one interview where you can discuss your child's

development with their teacher. In addition, you can always contact the school to arrange a meeting if you have any concerns or wish to receive an update on progress.

Disclaimer: *Personal information will be held, used and disclosed in accordance with the school's Privacy Collection Notice and Privacy Policy available on its website [insert school web address].*

FOR USE WITH PUFFER AND SPACER

ASTHMA ACTION PLAN



ASTHMA
AUSTRALIA

VICTORIAN SCHOOLS

Student's name:

DOB:

Confirmed triggers:

PHOTO

- ☐ Child can self-administer if well enough
- ☐ Child needs to pre-medicate prior to exercise
- ☐ Face mask needed with spacer

ALWAYS give adrenaline autoinjector **FIRST**, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: -

ASTHMA FIRST AID

For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright
Stay with the person and be calm and reassuring
 2. Give ☐ separate puffs of Airomir, Asmol or Ventolin
Shake the puffer before each puff
Puff 1 puff into the spacer at a time
Take 4 breaths from spacer between each puff
 3. Wait 4 minutes
If there is no improvement, repeat step 2
 4. If there is still no improvement call emergency assistance
Dial Triple Zero "000"
Say 'ambulance' and that someone is having an asthma attack
Keep giving ☐ puffs every 4 minutes until emergency assistance arrives
- Commence CPR at any time if person is unresponsive and not breathing normally.

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

SIGNS AND SYMPTOMS

MILD TO MODERATE

- Minor difficulty breathing
- May have a cough
- May have a wheeze
- Other signs to look for:

SEVERE

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest/throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING

- Unable to speak or 1-2 words
- Collapsed/exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/confused/unconscious
- Skin discolouration (blue lips)

Emergency contact name:

Work ph:

Home ph:

Mobile ph:

Plan prepared by Dr or Nurse Practitioner:

Signed: I hereby authorize medications specified on this plan to be administered according to the plan

Date prepared:

Date of next review:



- Assemble spacer.
- Remove cap from puffer.
- Shake puffer well.
- Attach puffer to end of spacer.

- Place mouthpiece of spacer in mouth and ensure lips seal around it.
- Breathe out gently into the spacer.
- Press down on puffer canister once to fire medication into spacer.
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer).

ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: _____ DOB: _____

PHOTO OF STUDENT
(OPTIONAL)

Plan date
____/____/20____

Review date
____/____/20____

MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

- ☐ Cough
- ☐ Wheeze
- ☐ Difficulty breathing
- ☐ Other (please describe): _____

Frequency and severity:

- ☐ Daily/most days
- ☐ Frequently (more than 5 x per year)
- ☐ Occasionally (less than 5 x per year)
- ☐ Other (please describe): _____

Known triggers for this student's asthma
(e.g. exercise*, colds/flu, smoke) —
please detail:

- Does this student usually tell an adult if s/he is having trouble breathing? ☐ Yes ☐ No
- Does this student need help to take asthma medication? ☐ Yes ☐ No
- Does this student use a mask with a spacer? ☐ Yes ☐ No
- *Does this student need a blue/grey reliever puffer medication before exercise? ☐ Yes ☐ No

MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

DOCTOR

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

PARENT/GUARDIAN

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

EMERGENCY CONTACT INFORMATION

Contact name _____

Phone _____

Mobile _____

Email _____

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit asthma.org.au



SCHOOL CAMP AND EXCURSION

VICTORIAN SCHOOLS

ASTHMA UPDATE FORM

Student's name:

DOB:

Confirmed triggers:

Has the student been hospitalised due to asthma, had an acute asthma attack or worsening asthma in the last two weeks?

☐ Y ☐ N

Has the student's asthma medications changed in the last two weeks?

☐ Y ☐ N

Is the student well enough to attend camp/excursion?

☐ Y ☐ N

This form is to be completed by parents/carers of students with asthma prior to an excursion or camp. The form is to be attached to a copy of the student's Asthma Action Plan and brought with students to the camp or excursion. Please provide as much detail as possible.

OTHER MEDICAL CONDITIONS

Has the student had any other illness in the last two weeks?
If YES, please provide details:

☐ Y ☐ N

Nature of illness? _____ When? _____

Severity? _____ Has this affected their asthma? ☐ Y ☐ N

ALLERGIC RHINITIS (HAY FEVER)

Does the student hay fever? ☐ Y ☐ N

Does the student have an action plan for hay fever? ☐ Y ☐ N

Confirmed Triggers for hay fever

Medication

Device

Dose

When

Treatment

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

1. Medication Device Dose When

Instructions for use

2. Medication Device Dose When

Instructions for use

Doctor's Name:

Emergency Contact:

Additional information

Phone:

Phone:

Address:

The information provided on this plan is true and correct.

Signed:

Date:

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit asthma.org.au

© Asthma Australia August 2019



ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

For use with EpiPen® adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

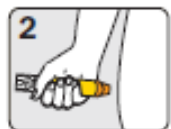
If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

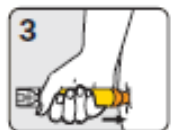
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

For use with adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.

Instructions are also on the ASCIA website
www.allergy.org.au/anaphylaxis

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Use of adrenaline autoinjector if available.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

EPILEPSY: KNOW ME, SUPPORT ME.



Epilepsy Management Plan

Name of person living with epilepsy:

Date of birth:

Date plan written:

Date to review:

1. General Information



Medication records located:

Seizure records located:

General support needs document located:

Epilepsy diagnosis (if known):

2. Has emergency epilepsy medication been prescribed? Yes ☐ No ☒

If yes, the medication authority or emergency medication plan must be attached and followed*, if you are specifically trained.



These documents are located:

3. My seizures are triggered by: (if not known, write no known triggers)



4. Changes in my behaviour that may indicate a seizure could occur:

(For example pacing, sad, irritability, poor appetite, usually very mobile but now sitting quietly)



5. My seizure description and seizure support needs:

(Complete a separate row for each type of seizure – use brief, concise language to describe each seizure type.)



Description of seizure (Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster)	Typical duration of seizure (seconds/minutes)	Usual frequency of seizure (state in terms of seizures per month, per year or per day)	Is emergency medication prescribed for this type of seizure?	When to call an ambulance If you are trained in emergency medication administration* refer to the emergency medication plan and the medication authority
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<div> If you are untrained in emergency medication, call ambulance when: </div> <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
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<input type="text"/>	<input type="text"/>	<input type="text"/>		

6. How I want to be supported during a seizure:

Specify the support needed during each of the different seizure types.

(If you are ever in doubt about my health during or after the seizure, call an ambulance)



7. My specific post-seizure support:

State how a support person would know when I have regained my usual awareness and how long it typically takes for me to fully recover. How I want to be supported. Describe what my post seizure behaviour may look like.



8. My risk/safety alerts:

For example bathing, swimming, use of helmet, mobility following seizure.



Risk	What will reduce this risk for me?
_____	_____
_____	_____
_____	_____
_____	_____

9. Do I need additional overnight support? Yes ☐ No ☐

If 'yes' describe:



This plan has been co-ordinated by:

Name: _____	Organisation (if any): _____
Telephone numbers: _____	
Association with person: (For example treating doctor, parent, key worker in group home, case manager)	_____
Client/parent/guardian signature (if under age): _____	

Endorsement by treating doctor:



Your doctor's name: _____

Telephone: _____

Doctor's signature: _____	Insert jpeg here	Date: _____
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