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

sociallyphysically

intellectually
psychologically

✤ emotionally

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.

☐ IMMUNISATION HISTORY STATEMENT	☐ VISA (If born overseas, parents or child)
HEALTH CARE CARD (Parent/Guardian only)	MEDICARE CARD
COURT ORDER (If applicable)	
Appendix A: Complaints, Complaints Form	Appendix B: Outside School Hours Care

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

227 Blair Street, Dallas VIC 3047 PO Box 399, Dallas VIC 3047

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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	Start date:	English, an Additional language: Yes 🗌 No 🗌		
Baptism 🗌	Student code: Family code:	VSN:	House colour:	
Immunisation history	Medical Alert: Yes No No	Visa information attached	l (if relevant): Yes 🗌 No 🗌	
New Arrivals: Yes 🗌 No 🗌	Current Family: Yes 🗌 No 🗌	New Family: Yes	No 🗌	
Working With Children Check	Father: Yes 🗌 No 🗌	Mother: Yes 🗌 No 🗌		
CRN No. on Health Card:	_///	CSEF Form Completed (a	attached): Yes 🗌 No 🗌	

STUDENT DETAILS					
Surname:			Entry yea	r 20	Entry level/grade:
First name/s:					
Preferred first name:					
Date of birth:	Religion:	(include rite)			
Male:	Female:			Other:	

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 Yes (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?							
Both Parents	Father Only Mother Only Guardian			Other			
PARENT A / GUA	RDIAN 1						
Surname:			tle: (e.g. r/Mrs/Ms)			First name:	
Address:							
Home phone:		N	/ork phone:			Mobile:	
SMS messaging:	(for emerg	ency and reminder pu	irposes)			Yes 🗌	No 🗌
Email:							
Government Requirement	()ccupation:		What is the occupation group? (select from list of parental occupation groups in the School Family Occupation Index)				
Religion: (ii	nclude rite))		Nationality	: E	Ethnicity if not b	orn in Australia:
Country of birth: Australia 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				Year 12 or equivalent			
What is the level	of the hig	hest qualification P	arent A/Guard	ian 1 has co	ompleted	1?	·
No post-school qualification	Certificate I to IV (including trade certificate)			_ *			

PARENT B / GUA	RDIAN 2				
Surname:	Title: (e.g. Mr/Mrs/Ms)		s/Ms)	First name:	
Address:					
Home phone:		Work phone:		Mobile:	
SMS messaging:	(for emergency and reminder	r purposes)		Yes 🗌	No 🗌
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: (ir	nclude rite)		Nationality: E	thnicity if not b	oorn in Australia:
Country of birth:	Australia 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	Year 10 or equivalent Year		Year 11 or equivaler	nt 🗌	Year 12 or equivalent 🗌
What is the level of the highest qualification Parent B/Guardian 2 has completed?					
No post-school qualification	Certificate I to IV Advanced diploma/diploma Bachelor degree of above (including trade certificate) Advanced diploma/diploma Bachelor degree of above		Bachelor degree or above		

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	
	Living with Mother and Father	Single parent: Mother Father
	Living with a step family	Shared parenting, e.g. one week with each parent: Days with Parent A/Guardian 1: Days with Parent B/Guardian 2:
	Guardian	Out-of-Home Care
	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	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 🗌	Yes, Aboriginal 🗌	Yes, Torres Strait Islander		

	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				
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:			
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:			
Permanent resident: (if ticked, record the visa subclass number)			
Temporary resident: (if ticked, record the visa subclass number)			
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	No		Fund:	·	Number:
Ambulance cover:	Yes	No		Number:		
	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					
	0	ed by a relevant litions listed.	medical pra	actitioner (do	octoi	r/nurse) will be required for each of the medical
Medical condition:		se list specific d rass, animal fur		y known alle	ergie	es that do not lead to anaphylaxis, e.g. hay fever,
Has the student been diagr	nosed	as being at ris	k of anaphy	ylaxis?	Y	/es 🗌 No 🗌
If yes, does the student hav					Y	/es 🗌 No 🗌
	l medio	al plans will be d	isplayed in th			d Room, and they will be confidentially Child Primary School.
IMMUNICATION (plagas atte	oh on	immunication h	intony atatar	mont for you	ur ob	.i/d)
IMMUNISATION (please atta All vaccines are recorded			•			· ·
Register (AIR). You are rec	quired	to obtain an ir	mmunisatior	n Yes 🗌		n history statement attached: No
history statement for your ch the school with this enrolmen	t form	·			ease	provide explanation:
	If the student entered Australia on a humanitarian visa, did they receive a refugee health check?					
child into our school. It will as	ssist tł	ne school to imp	lement app	ropriate adj	ustri	gations and facilitate the smooth transition of your nents and strategies to meet the particular needs nisleading, current or ongoing enrolment may be
ADDITIONAL NEEDS						
Does your child have a diag	gnose	d disability? Y	es 🗌 🛛 No			
Is your child eligible or cur	rently	receiving Nati	onal Disabi	lity Insurar	nce (Scheme (NDIS) support? Yes 🗌 No 🗌
Does your child present wi	th:					
autism (ASD)		behavioural c	oncerns	[hearing impairment
intellectual disability/ developmental delay		mental health	issues	[oral language/communication
ADD/ADHD		acquired brain	n injury	[vision impairment
giftedness	physical impairment				other condition (please specify)	
g		- p j		L		
Has your child ever seen as						
paediatrician		physiotherapi	st	[audiologist
psychologist/counsellor	occupational therapist				speech pathologist	
psychiatrist		continence nu				other specialist (please specify)
11		6		-		
Have you attached all relev	ant in	tormation/repo	orts? Yes [N	
PERMISSION FOR SUNSCR	REEN	APPLICATION				
I understand that this	permis					mary school years at the school and will only

need to be renewed if the school's policy changes in relation to Sunscreen Application.

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	rname First name				
Address	ddress				
Suburb	Suburb State Postcode				
Contact Number					
Centrelink Pensioner Con	cession OR	Health Care Card Number	· (CRN)		
	-	<u> </u>	_	OR	
Foster parent*	OR	Veterans affairs pension	er		
*Foster Parents must provide a copy	of the temporary care order letter from	n the Department of Health and Huma	n Services (DHHS).		
Student details					
Child's surname	Child's first name	Student ID	Date of birth (dd/mm/yyy)	Year Level	
Centrelink customer detai rebate or service. I also au	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:					
 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 No. E School Suburb			
New Sch	New School/Catholic Education Commission of Victoria Ltd (CECV)			
E No.	E	School	Subi	urb

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.

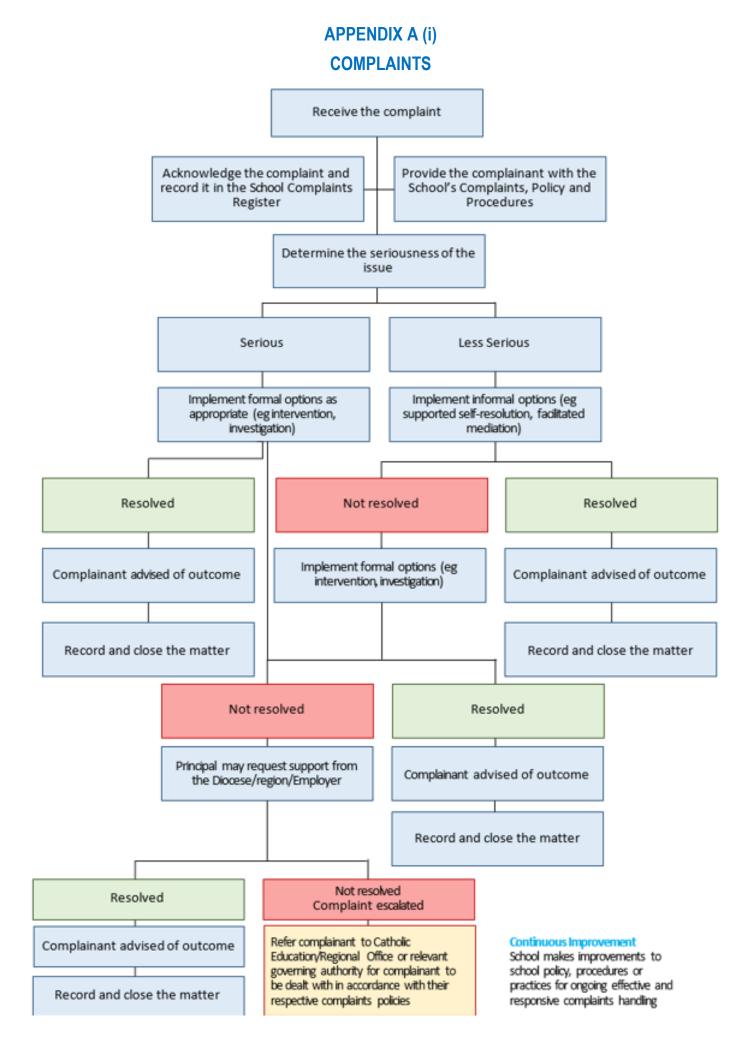
PARENT/CARER/GUARDIAN	
SIGNATURE:	
DATE:	

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 (ii) COMPLAINTS FORM

1. YOUR DETAILS				
Family name: Given name(s):				
Address:				
Contact number:	E	Email:		
2. YOU ARE (Please tick one)				
Student	Parent/Carer		Other (please spe	ecify)
3. SUBJECT OF THE COMPLAIN	IT (Please tick one)			
School Staff member	Student	Policy/Procedure	Other (ple	ease specify)
4. DETAILS OF THE COMPLAIN	Г			
				<u></u>
 (Please attach additional page(s) if space is DETAILS OF THE OUTCOME 			entation if you wish)
J. DETAILS OF THE OUTCOME	TOU ARE SEEKING	2		
(Diagon attach additional page(a) if appear is	inoufficient)			
(Please attach additional page(s) if space is6. HAVE YOU PREVIOUSLY RAI	· ·	NI WITH A STAFE MI		tick)
		f yes, when?		
Who dealt with the matter?		r yes, when:		
What was the result?				
Signature:	r	Date:		
OFFICE USE - OUTCOME	L	Jaic.		
For matters which have been resol	wod			
Resolution options	veu			
Self-resolution Supported self-re		ilitated medication		
Actions undertaken:				
Outcome:				
Date matter was finalised:				
Name of staff member: Signature:				
For matters requiring further action				
Referred to: Name:		Date:		
Referred by: Name:		Signature:		
Outcome:				
Name of staff member:		Signature:		

APPENDIX B

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 Quite Time
- New Experiences

Program	Times	Permanent (Full Fee)	Casual (Full Fee)
Before School Care	6.30am - 8.45am	C (11 1 5 1	1.4.7.1.1
After School Care	3.30pm - 6.30pm	Centrelink Subsidy Available	



APPENDIX C





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 Studer	nt		
Wednesday,Febr	uary 202	Vorning	Afternoon
Wednesday, Febr	uary 202	Morning	Afternoon
Wednesday, Febr	uary 202	Morning	Afternoon
Wednesday, Febr	uary 202	Vorning	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.

• evidence of your child's date of birth, e.g. birth certificate, passport	 information about the language(s) your child speaks and/or hears at home
 religious denomination 	 nationality and/or citizenship including the visa subclass granted upon entry to Australia (prior to citizenship being granted) where applicable
• names and addresses of the child and parents/guardians; telephone numbers (home, work, mobile) of parents/guardians	doctor's name and telephone number
 names of emergency contacts and their details 	• 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.)
specific residence arrangements	• 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 <u>www.cecv.catholic.edu.au/Our-Schools/Child-</u> <u>Safety</u>
 - b) Catholic Education Melbourne's child safety page <u>www.cem.edu.au/Our-Schools/Choosing-a-School/Child-Safety.aspx</u>.

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 AC	TION PLAN		ASTHMA AUSTRALIA	
VICTORIAN SCHOOLS				
Student's name:		РНОТО	Child can self-administer if well enough	
DOB:			Child needs to pre-medicate	
Confirmed triggers:			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: - Adrenaline autoinjector prescribed: Y N Type of adrenaline autoinjector: - Adrenaline autoinjector prescribed: Y N Type of adrenaline autoinjector: - Astribution: Y N Type of adrenaline autoinjector: - Adrenaline autoinjector prescribed: Y N Type of adrenaline autoinjector: - Astribution: Y N Type of adrenaline autoinjector: - - Astribution: Y N Type of adrenaline autoinjector: - - Astribution: Y N Type of adrenaline autoinjector: - - Astribution: Y N Type of adrenaline autoinjector: - - Astribution: Y N Type of adrenaline autoinjector: - - Astribution: N Type of adrenaline autoinjector: - - - State: Y N Type of adrenaline aut				
Dial Triple Zero "000" Say 'ambulance' and tha Keep givingpuffs ev	rement call emergency assistance t someone is having an asthma a ery 4 minutes until emergency as a if person is unresponsive and r	ttack ssistance arrives	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:	Plan prepared by Dr or Nurse Practitioner: Ibordy authorise medications specified Signed: or the plan to be administered according. Date prepared:		Place mouthpiece of spacer in mouth and ensure lips seal around it. Breathe out gently into the spacer. Press down on puffer	
Mobile ph:	Date of next review:	Assemble spacer. Remove cap from puffer. Shake puffer well. Attach puffer to end of spacer.	canister once to fire medication into spacer. • Breathe in and out normally for 4 breaths (keeping your mouth on the spacer).	

1800 ASTHMA (1800 278 462) | asthma.org.au

© Asthma Australia August 2019. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor or nurse practitioner and cannot be altered without their permission.

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: Frequency and severity:		Known triggers for this student's asthma
Cough	Daily/most days	(e.g. exercise*, colds/flu, smoke) — please detail:
Wheeze	Frequently (more than 5 x per year)	
Difficulty breathing	Occasionally (less than 5 x per year)	
Other (please describe):	Other (please describe)	
Does this student usually tell an adult if s/he	is having trouble breathing? Yes	No No
Does this student need help to take asthma n	nedication? Yes	No No
Does this student use a mask with a spacer?		No No
*Does this student need a blue/grey reliever p	ouffer medication before exercise? 🗌 Yes	No No

MEDICATION PLAN

NAME OF MEDICATIO	ALAND COLOUD	DOOL WILL	JMBER OF PUFFS		TIME REQUIRED
terre or a dealer in the or				and opacer/mask a	
MEDICATION P	AN		d make sure the medication		re supplied to staff.
	ise a mask with a sp need a blue/grey rel	acer? liever puffer medication l	before exercise? Yes	No No	
	isually tell an adult i leed help to take ast	f s/he is having trouble b thma medication?	oreathing? Yes	No No	

DOCTOR Name of doctor Address		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 modical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency modical help as needed and that I am responsible for payment of any emergency medical costs.		EMERGENCY CONTACT INFORMATION Contact name
				Phone
Phone		Signature	Date	Mobile
Signature Date		Name		Email



SCHOOL CAMP AND EXCURSION

ASTHMA UPDATE FORM

	Un	00	110
_	 	 	

Student's name:	Has the student been hospitalised due to asthma, had an acute asthma attack or worsening asthma in the last two weeks?	Y	N
DOB:	worsening ascinia in the last two weeks.		
Confirmed triggers:	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?	<u> </u>

ALLERGIC RHINITIS (HAY FEVER)

	Does the student hay fever?	N Does the st	udent have an action	n 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 Contac	t	Additional information
Phone:		Phone:		
Address:		The Information provided or Signed:	n this plan is true and correct.	
		Date:		
	tion and support or (1800 278 462) or vi	to speak with an Asth sit <mark>asthma.org.au</mark>	nma Educator	ASTHMA AUSTRALIA



ascia www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen[®] adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

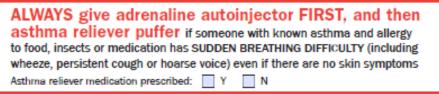
ACTION FOR ANAPHYLAXIS

Swelling/tightness in throat

Wheeze or persistent cough

- 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



 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.

© ASCIA 2020 This pign was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:

Name: Date of birth:

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:

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)

REMOVE EpiPen®



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







ACTION PLAN FOR Anaphylaxis

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 <u>ANY ONE</u> OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Difficult/noisy breathing

Swelling of tongue

- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

Wheeze or persistent cough

Swelling/tightness in throat

- 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.

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Confirmed allergens:

Family/emergency contact name(s):

ascia

www.allergy.org.au

Work Ph:

Home Ph:

Name: Date of birth:

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

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 <u>ANY ONE</u> OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Difficult/noisy breathing

Swelling of tongue

- Difficulty talking and/or hoarse voice
 - · Persistent dizziness or collapse
- Wheeze or persistent cough
 Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

Swelling/tightness in throat

- 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.

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:

Name: _____ Date of birth:

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.





EPILEPSY: KNOW ME, SUPPORT ME.



Epilepsy Management Plan

Name of person living with epilepsy:										
Dat	e of birth:	Date plan	written:		Date to review:					
Gene	aral Information									
	Medication records located:									
	Seizure records located:									
	General support needs document loc	ated:								
	Epilepsy diagnosis (if known):									
				No 📓 and follower	d*, if you are specifically trained.					
1	These documents are located:									
My a	elzures are triggered by: (if not know	m, write no ki	nown triggers)							
2	-									
	The second			sitting quiet!	0					
D	-									
My s	elzure description and selzure supp	ort needs:								
-			ief, concise language	to describe	each seizure type.)					
2	Description of selzure (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 selzure (state in terms of seizures per month, per year or per day)	ls emerge medicatio prescribe for this ty of seizure	d If you are trained in emergency medication administration* refer to the emergency medication plan					
	-	-	-		If you are untrained in emergency medication, call ambulance when:					
	Dati Gene Has the set of the set	Date of birth: General Information Medication records located: Seizure records located: General support needs document loc Epilepsy diagnosis (if known): Has emergency epilepsy medication been res, the medication authority or emergency of These documents are located: My selzures are triggered by: (if not known) Changes in my behaviour that may indicate or example pacing, sad, irritability, poor appropriate My selzure description and selzure support Security of selzure (Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster)	Date of birth: General Information Medication records located: Seizure records located: General support needs document located: Epilepsy diagnosis (if known): Has emergency epilepsy medication been prescribed res, the medication authority or emergency medication pl These documents are located: My selzures are triggered by: (if not known, write no ka Changes in my behaviour that may indicate a seizure or example pacing, sad, irritability, poor appetite, usually My selzure description and selzure support needs: mplete a separate row for each type of seizure – use br Description of selzure (Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster) Date plan Description of selzure (Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster)	Date of birth: Date plan written:	Date of birth: Date plan written: General Information Medication records located: Seizure records located: Seizure records located: General support needs document located: Epilepsy diagnosis (if known): Has emergency epilepsy medication been prescribed? Yes No Serves, the medication authority or emergency medication plan must be attached and follower es, the medication authority or emergency medication plan must be attached and follower these documents are located: My selzures are triggered by: (if not known, write no known triggers) Changes In my behaviour that may indicate a selzure could occur: resample pacing, sad, irritability, poor appetite, usually very mobile but now sitting quietted preson looks like before, during and after and if they typically occur in a cluster) Description of seizure preson looks like before, during and after and if they typically occur in a cluster) Yes					

Page 1 of 2

6. How I want to b	e supported during a	a selzure:
--------------------	----------------------	------------

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.



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

V	Risk	What will reduce this risk for me?
	-	
	-	
	-	

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



This plan has been co-ordinated by:

Name:

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

Organisation (if any):

Endorsement by treating doctor:

Your doctor's nar	ie:	
Telephone:		
Doctor's signature	: Insert jpeg here	Date:
1.	1.2.54	3

Australia wide epilepsy help line 1300 852 853 © Eplepsy Foundation 2013



v5/13