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## MEDICAL INFORMATION/CONSENT AND KNOWN MEDICAL CONDITION RESPONSE PLAN FOR 2024

Dear Families,

Every year, families of ACT Public School students are required to complete a new **Medical Information and Consent Form** for the start of the school year. This information will assist school staff to provide appropriate first aid support for your child.

Additionally, there are some other forms required if your child has a medical condition. The **Medical Information and Consent Form** that all students must return each year, provides general medical information and consent for first aid and the administration of authorised medications; Salbutamol (Ventolin), Antihistamine and/or EpiPen in the event of a life-threatening asthma or anaphylaxis emergency.

The **Known Medical Condition Response Plan** is required only for students with a known medical condition. It provides instruction for the management of an identified medical condition and should be completed in consultation with the treating health professional. Without this form, in an emergency situation, first aid can only be given in accordance with a publicly available generalised action plan related to the condition.

If medication is required to be administered at school a **Medication Authorisation and Administration Record** must also be completed and returned to the school. An individual Medication Authorisation and Administration Record must be completed for each medication. It is important that information on these forms is accurate and detailed in order to help us provide appropriate care.

The Medical Information and Consent Form and Known Medical Condition Response Plan will be sent to you annually for your review. However, if there are changes to your child's health or medical circumstances during the year, please inform the school immediately. You may also choose to keep certain medical information private. When making this choice, please consider whether this might affect the provision of appropriate first aid care for your child.

If an incident occurs at school or during a school-related activity in the ACT, students will be transported free of charge to the emergency section of an ACT public hospital. Parents/carers are reminded to check their health cover for ambulance transportation outside the ACT, as charges may apply.

Please complete and return the attached forms to the school before or during Week 1, 2024 to assist staff to provide appropriate first aid support for your child throughout the year.

Thank you for your support.

Yours sincerely,

*Jackie Vaughan*

Principal

Evelyn Scott School



**All students must return:**

- [Medical Information and Consent Form](#)

**Students with a known medical condition which does not require medication must return:**

- [Medical Information and Consent Form](#)
- [Known Medical Condition Response Plan](#)

**Students with a known medical condition not listed below who require medication must return:**

- [Medical Information and Consent Form](#)
- [Known Medical Condition Response Plan](#)
- [Medication Authorisation and Administration Record](#)

**Students with Asthma must return:**

- [Medical Information and Consent Form](#)
- [Known Medical Condition Response Plan](#)
- **Asthma Management Plan downloaded from National Asthma Organisation Website**
- [Medication Authorisation and Administration Record](#)

**Students with Anaphylaxis must return:**

- [Medical Information and Consent Form](#)
- [Known Medical Condition Response Plan](#)
- **Anaphylaxis Management Plan, downloaded from Australian Society of Clinical Immunology and Allergy Website**
- [Medication Authorisation and Administration Record](#)

**Students with Diabetes must return:**

- [Medical Information and Consent Form](#)
- [Known Medical Condition Response Plan](#)
- **Diabetes Management Plan downloaded from Diabetes Victoria Website (click on “How we help” and “Schools and early childhood settings”)**
- [Medication Authorisation and Administration Record](#)

**Students with Epilepsy must return:**

- [Medical Information and Consent Form](#)
- [Known Medical Condition Response Plan](#)
- **Epilepsy Management Plan downloaded from Epilepsy Action Australia Website (Register and call 1300374537 for free access)**
- [Medication Authorisation and Administration Record](#)