



Student Individual Needs and Medical Details

Student Name: _____

Year: _____

The School Education Act 1999 requires the provision of “details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school (16G)”.

To assist the school to respond to individual requirements, please detail any special needs your child has in the followings area(s) that may affect his or her learning, participation or welfare during school hours.

The school reserves the right to consider termination of the enrolment if relevant information is not disclosed. If appropriate, please attach diagnostic reports relating to your child.

Please provide additional information on a separate sheet if space is inadequate.

Medical Needs	No	Yes
Required Medication	No	Yes
Physical	No	Yes
Prostheses	No	Yes
Psychological (Social/Emotional)	No	Yes
Cognitive/Intellectual	No	Yes
Sensory (e.g. Vision/Hearing)	No	Yes
Behavioural or Safety	No	Yes
Communications/Speech/ESL	No	Yes
Diagnosed Learning Disability (If yes, please attach diagnostic report)	No	Yes
Is the student registered with the Disability Services Commission?	No	Yes
Allergies	No	Yes
Cultural Needs	No	Yes
Is a Medic Alert Bracelet required?	No	Yes
Does your child require special transport arrangements to and from school?	No	Yes
Does your child receive respite care on a regular basis?	No	Yes
Do you agree for the information supplied to be provided to relevant agencies and Parish Priest?	No	Yes
Private Health Fund	No	Yes
Ambulance Cover	No	Yes

Student medical details

Family Doctor/Medical Clinic: _____

Address: _____

Telephone Number: _____

Medicare Number: _____ Individual Reference Number: _____ Expiry: / /

Immunisation Record: Fully immunised Not Immunised Incomplete immunisation Personal objections
AIR Immunisation Statement (not more that 2 months old at time of Enrolment)

Emergency contact details – other than parent

Name (1): _____ Relationship to Student: _____

Telephone: _____ Mobile: _____

Name (2): _____ Relationship to Student: _____

Telephone: _____ Mobile: _____

Medical emergency authorisation

I authorise the College to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I authorise the College that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion, medication and I am unable to be contacted within a reasonable time, the College has authority to agree to medically recommended treatment by an accredited medical practitioner on my behalf.

The cost for all physical injury is covered by the College insurance, however, non-physical ambulance costs will be incurred by the family.

Signature of Female Parent/Guardian: _____ Date: / /

Signature of Male Parent/Guardian: _____ Date: / /

Please return this form to:

The Principal
Mercy College
26 Mirrabooka Avenue
Koondoola, WA 6064
(PO Box 42, Mirrabooka, WA 6941)