



DOMINIC COLLEGE

Enrolment Application

204 Tolosa Street | PO Box 256 | Glenorchy, Tas, 7010

T: 03 6274 6000 | E: enrol@dominic.tas.edu.au | W: www.dominic.tas.edu.au

Grade you are seeking enrolment for (e.g. 7) _____ Year (e.g. 2026) _____ Total children in family _____

Current School/Child Care Centre _____

Have you applied to any other school? No Yes If yes, please specify school(s) _____

Student Details

Surname _____ Given Names _____

Preferred First Name _____ Date of Birth ____ / ____ / ____ Gender _____

Home Address _____

Postcode _____

Home Tel _____ Student Mobile _____

Country of Birth _____ Nationality _____

Is the student of Indigenous or Torres Strait Islander descent? No Indigenous Torres Strait Islander

Residential Status: Indicate student's residential status (tick ✓).

Australian citizen (provide certified copy of Birth Certificate, Citizenship Certificate or Australian passport)

Permanent resident (provide certified copy of visa and either passport or ImmiCard)

Temporary resident (provide certified copy of passport and visa)

Other (provide certified copy of passport and visa)

You must advise the College of any change in the student's visa or residency status within 14 days of the change occurring and provide the College with a copy of the relevant documentation. Parents must also advise of any change in their visa or residency status.

Date of entry to Australia (if student not born in Australia) ____ / ____ / ____

Does the student speak a language other than English at home? No Yes Language _____

If yes, how many years has the student been speaking English? _____ Is an Interpreter required? No Yes

Religion _____ Parish Name (e.g. St Johns) _____ Parish Location (e.g. Glenorchy) _____

Catholic Sacraments Received (if applicable): Baptism Date ____ / ____ / ____ Communion Date ____ / ____ / ____

Reconciliation Date ____ / ____ / ____ Confirmation Date ____ / ____ / ____

Children in Family (List all dependent children in the family, including the applicant and those not yet at school, from eldest to youngest.)

Name _____ School _____ Grade _____ Age _____

Name _____ School _____ Grade _____ Age _____

Name _____ School _____ Grade _____ Age _____

Name _____ School _____ Grade _____ Age _____

Name _____ School _____ Grade _____ Age _____

Family Association with Dominic College (List any members of your family who have previously attended Dominic College.)

Name _____ Relationship to student _____ Year left _____ House Colour _____

Name _____ Relationship to student _____ Year left _____ House Colour _____

Name _____ Relationship to student _____ Year left _____ House Colour _____

Name _____ Relationship to student _____ Year left _____ House Colour _____

Other connections with the College _____

Father/Guardian

Title (e.g. Mr/Dr) _____ Surname _____ Given Names _____

Former Name (if applicable) _____ Date of Birth ____ / ____ / ____

Relationship to student _____ Country of Birth _____

Nationality _____ Date of entry to Australia (if not born in Australia) ____ / ____ / ____

Does the Father/Guardian speak a language other than English at home? No Yes Language _____

If yes, is an Interpreter required? No Yes Religion _____

Home Address _____

Postcode _____

Postal Address (if different from above) _____

Postcode _____

Personal Mobile (required) _____ Business Mobile _____

Home Tel _____ Business Tel _____

Personal Email (required) _____

Business Email _____

Occupation _____

Employer _____

The fields below refer to the MCEETYA Data Collection, which is a Commonwealth government requirement for assessment, reporting and funding purposes and is mandatory.

School education - Father/Guardian

Select the highest level of schooling completed.
If the Father/Guardian has never attended school,
select 'Year 9 or equivalent or below'.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

Further education - Father/Guardian

Select the highest qualification completed.

- Bachelor degree or above
- Advanced diploma / Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

Occupational group - Father/Guardian

Select the occupational group. If not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use last occupation. For more information on the occupational groups go to: <http://bit.ly/DCOccGroups>

- Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals.
- Group 2: Other business managers, arts/media/sportspersons and associate professionals.
- Group 3: Tradesmen/women, clerks and skilled office, sales and service staff.
- Group 4: Machine operators, hospitality staff, assistants, labourers and related workers.
- Group 8: Not in paid work in last 12 months.

Mother/Guardian

Title (e.g. Mrs/Dr) _____ Surname _____ Given Names _____

Former Name/Maiden Name (if applicable) _____ Date of Birth ____ / ____ / ____

Relationship to student _____ Country of Birth _____

Nationality _____ Date of entry to Australia (if not born in Australia) ____ / ____ / ____

Does the Mother/Guardian speak a language other than English at home? No Yes Language _____

If yes, is an Interpreter required? No Yes Religion _____

Home Address _____

Postcode _____

Postal Address (if different from above) _____

Postcode _____

Personal Mobile (required) _____ Business Mobile _____

Home Tel _____ Business Tel _____

Personal Email (required) _____

Business Email _____

Occupation _____

Employer _____

The fields below refer to the MCEETYA Data Collection, which is a Commonwealth government requirement for assessment, reporting and funding purposes and is mandatory.

School education - Mother/Guardian

Select the highest level of schooling completed.
If the Mother/Guardian has never attended school,
select 'Year 9 or equivalent or below'.

- Year 12 or equivalent
- Year 11 or equivalent
- Year 10 or equivalent
- Year 9 or equivalent or below

Further education - Mother/Guardian

Select the highest qualification completed.

- Bachelor degree or above
- Advanced diploma / Diploma
- Certificate I to IV (including trade certificate)
- No non-school qualification

Occupational group - Mother/Guardian

Select the occupational group. If not currently in paid work but have had a job in the last 12 months, or have retired in the last 12 months, please use last occupation. For more information on the occupational groups go to: <http://bit.ly/DCOccGroups>

- Group 1: Senior management in large business organisation, government administration and defence, and qualified professionals.
- Group 2: Other business managers, arts/media/sportspersons and associate professionals.
- Group 3: Tradesmen/women, clerks and skilled office, sales and service staff.
- Group 4: Machine operators, hospitality staff, assistants, labourers and related workers.
- Group 8: Not in paid work in last 12 months.

Emergency Contacts

The Emergency Contacts listed below will only be called if parents/guardians cannot be contacted. At least two Emergency Contacts is preferred. Do not include the parents/guardians named in this application as Emergency Contacts.

First Emergency Contact

Name _____ Relationship to student _____

Mobile _____ Alternate Tel _____

Second Emergency Contact

Name _____ Relationship to student _____

Mobile _____ Alternate Tel _____

Third Emergency Contact

Name _____ Relationship to student _____

Mobile _____ Alternate Tel _____

Living Arrangements and Court Orders

Are the parents/guardians of the student separated? Yes No

If separated, please indicate who the student lives with (regardless of how much time is spent with each):

Father/guardian: Yes No, not at all Mother/guardian: Yes No, not at all

Are there any current Court Orders, Parenting Plans, Family Violence Orders or other arrangements the College needs to be aware of that relate specifically to the student? Yes No

If you answered yes, please include a copy of the Order with this application. It is important to note the College cannot act on Orders that are in draft form, incomplete, unsigned or have expired.

Please detail below any living arrangements concerning the student that the College needs to be aware of:

Additional Needs

The information you provide here or in future is required to determine the availability of a place at the College during the enrolment process and continued availability of a place at the College for the Student. It will assist the College to develop appropriate strategies to meet the particular needs of the Student. We require full and accurate disclosure of this information and that you provide us with updates on an ongoing basis if circumstances change before or after enrolment. We require you to provide details of any medical condition, educational/learning difficulty/status and/or additional needs that may impact on the health, safety, well-being and/or enjoyment of the services and facilities provided by the College for the Student, staff, other students, parents or visitors to the College. If the information provided is incomplete or misleading, or you fail to provide details of changed circumstances, any decision made regarding enrolment may be amended or (if this occurred post enrolment) the enrolment may be discontinued. Please indicate (tick) if your child has any of the following:

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Behavioural disorder | <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Acquired brain injury |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Anxiety/Panic attacks | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Autism Spectrum Disorder: Level 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> | |
| <input type="checkbox"/> Other | | | | |

Please provide full details here (attach a separate document if required) _____

Health Information

Please indicate if your child suffers from any medical conditions, allergies, phobias or has specific dietary requirements. Medical conditions which adversely impact on the College's ability to provide particular services or facilities to the Student or other students, and/or which may potentially put at risk the health, safety and well-being of the Student or others at the College may impact on the College's ability to offer enrolment, may result in the offer of enrolment being withdrawn or may result in enrolment being terminated. Please attach the necessary information.

Medical Condition

A Management Plan from your GP or medical professional is mandatory for urgent and life threatening medical conditions. Please complete the relevant documents attached and submit with this application.

Condition Please tick (✓)	Severity Life Threatening / Urgent Attention / Non-Urgent Attention / Information Only	Condition Please tick (✓)	Severity Life Threatening / Urgent Attention / Non-Urgent Attention / Information Only
<input type="checkbox"/> Anaphylaxis	_____	<input type="checkbox"/> Heart Condition	_____
<input type="checkbox"/> Asthma / Croup	_____	<input type="checkbox"/> Joint / Muscle / Bone Condition	_____
<input type="checkbox"/> Bed Wetting	_____	<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Blood / Bleeding Condition	_____	<input type="checkbox"/> Period Pain	_____
<input type="checkbox"/> Crohns / Colitis	_____	<input type="checkbox"/> Reflux / GERD	_____
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Sinus / Hayfever	_____
<input type="checkbox"/> Dizziness / Vertigo / Fainting / Blackouts	_____	<input type="checkbox"/> Sleep Apnoea	_____
<input type="checkbox"/> Eczema	_____	<input type="checkbox"/> Sleep Walking	_____
<input type="checkbox"/> Epilepsy / Seizures	_____	<input type="checkbox"/> Travel Sickness	_____
<input type="checkbox"/> Other (please specify)	_____		

Allergies

Source of Allergy e.g. nuts/medications	Severity Life Threatening / Anaphylactic / Urgent Attention / Non-Urgent Attention / Information Only	Symptoms and Treatment GP management plan is mandatory if allergy is life threatening, anaphylactic or requires urgent attention. Attach if applicable.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Phobias

Phobia	Severity Life Threatening / Urgent Attention / Non-Urgent Attention / Information Only	Suggested / Required Support
_____	_____	_____
_____	_____	_____
_____	_____	_____

Specific Dietary Requirements

e.g. vegetarian, lactose intolerant

_____	<input type="checkbox"/> Medical	<input type="checkbox"/> Non medical
_____	<input type="checkbox"/> Medical	<input type="checkbox"/> Non medical
_____	<input type="checkbox"/> Medical	<input type="checkbox"/> Non medical

Swimming Ability

Cannot swim Basic: less than 50m Competent: 50m - 200m Advanced: more than 200m

Immunisation

As part of your Enrolment Application, you are required to provide documentary evidence if your child has been immunised against certain diseases. Following an offer of enrolment and during the period of the enrolment there is an ongoing requirement that you will advise the College of any changes to the Student's immunisation records. Students may be excluded from the College for a period of time at the College's discretion if there is an outbreak of a vaccine preventable disease at the College if the College does not have any evidence that the Student is immunised against that disease. Evidence of your child's immunisation can be obtained by:

- Contacting the Australian Childhood Immunisation Register (ACIR):
www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register
- Using your child's personal health record as proof of immunisation if the Doctor or Council staff member who administered each vaccine has clearly signed and printed their name;
- Asking your Doctor or Local Council for written documentation verifying which diseases your child has been immunised against and the date of immunisation;

If you believe your child has been immunised against certain diseases, but cannot obtain written evidence, or you conscientiously object to your child being immunised, you must complete the Statutory Declaration below, and have it witnessed and signed by a Justice of the Peace, Commissioner for Declarations or Authorised Person. If the Student is offered enrolment or becomes enrolled at the College you must advise the school of any changes to this information.

Statutory Declaration

(to be completed only if immunisation evidence cannot be provided)

I, (full name) _____

Of (residential address) _____

Occupation _____

do solemnly and sincerely declare that:

1. I am the parent/guardian of (full name of child) _____

2. I believe that my said child's immunisation status in respect of each of the diseases listed below is as specified (please tick):

Diphtheria	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningococcal Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haemophilus influenza type B (Hib infection)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pertussis (whooping cough)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Human papilloma virus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumococcal disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rotavirus (oral vaccine)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rubella (German Measles)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningococcal W	<input type="checkbox"/> Yes <input type="checkbox"/> No	Varicella (Chicken Pox)	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. I conscientiously object to having my child immunised: Yes No

4. I acknowledge that in the event of my child becoming enrolled, the College may exercise its discretion and exclude my child from the College for a period at the College's discretion should an outbreak of a vaccine preventable disease occur at the College, if the College does not have any evidence that my child is immunised against that disease.

I make this solemn declaration under the *Oaths Act 2001*.

Declared at (place e.g. Glenorchy) _____

On (date) ____ / ____ / ____ Signature of Parent/Guardian _____

before me (name) _____

Justice of the Peace, Commissioner for Declarations or Authorised Person

Signature _____

Justice of the Peace, Commissioner for Declarations or Authorised Person

Acknowledgements, Privacy and Consent

Note: The singular includes the plural and the plural includes the singular.

By signing this form you acknowledge and consent to the following:

1. We acknowledge that the information contained in this Enrolment Application is true and correct.
2. We acknowledge that completion of this Enrolment Application does not guarantee an enrolment interview.
3. We acknowledge that submitting an Enrolment Application or having an enrolment interview does not guarantee a place will be offered.
4. We acknowledge that acceptance or non-acceptance of our Enrolment Application is at the discretion of the College.
5. We acknowledge that the Enrolment Application Fee is non-refundable and will not be deducted from future College fees or charges.
6. We consent to the College obtaining information about our child from their previous and/or current school for the purposes of assessing this application and, if the application is accepted, at any time during the course of their enrolment at the College. This information may include, but is not limited to, fee payment arrangements, academic record, additional needs, pastoral care or health issues.
7. If accepted, we will agree to support and comply with the College's values, ethos, policies and General Terms and Conditions, and pay the non-refundable Enrolment Acceptance Fee.
8. We acknowledge that copies of the College's policies and the College's General Terms and Conditions are available from the College Website or from the College Business Office and that we have had the opportunity to read and consider those documents.
9. We have provided, and agree to continue to provide, accurate and relevant information to enable the College to safely, and consistent with the College's philosophy, provide educational services and facilities to our child.
10. We have provided, and agree to continue to provide, full and accurate details of any medical condition, educational/learning difficulty/status and/or additional needs of our child that may impact on the health, safety, well-being and/or enjoyment of the services and facilities provided by the College for our child, staff, other students, parents or visitors to/at the College. We acknowledge the importance of providing up to date details where circumstances change to keep the College fully informed and we agree to provide that information.
11. We acknowledge that any of our child's medical conditions, educational/learning difficulty/status or additional need which adversely impact on the College's ability to provide particular services or facilities to our child or other students, and/or which may potentially put at risk the health, safety and well-being of our child or staff, other students, parents or visitors to/at the College may result in the offer of enrolment being withdrawn, or where our child is an existing student, in the amendment or discontinuation of the enrolment.
12. We have provided the College with full and accurate details of our child's immunisation records and agree to advise the College of any changes to our child's immunisation records as they occur. We acknowledge that our child may be excluded from the College for a period of time at the College's discretion if there is an outbreak of a vaccine preventable disease at the College if the College does not have any evidence that our child is immunised against that disease.
13. We acknowledge and agree that the College may need to obtain additional information (not already requested or provided) where the College has a reasonable suspicion or concern that our child may have a medical condition/learning difficulty/status or additional need that may impact on the granting/maintaining of enrolment particularly where it may impact on the health, safety, well-being and/or enjoyment of the services and facilities provided to our child, other students, staff, parents and other visitors to the College. Where the additional information is reasonably required from a medical professional, allied health professional or academic/educational/learning professional we acknowledge that if we do not reasonably agree to provide our consent for that information to be obtained and reasonably co-operate with the College obtaining the information required, the offer of enrolment may be withdrawn, or where our child is an existing student, the enrolment may be amended or discontinued.
14. We acknowledge and agree that if we have provided, or provide in future, misleading information or if we have failed, or fail to provide in the future, any significant relevant information, that failure may result in the offer of enrolment being withdrawn, or where our child is an existing student, in the amendment or discontinuation of the enrolment.
15. We acknowledge and agree that the College may make whatever reasonable adjustments are reasonably necessary to the services and facilities it provides because of the particular needs of a particular student, including our child, particularly where it may impact on the student, staff, other students, parents or other visitors to the College and their health, safety, well-being and/or enjoyment of the services and facilities provided.
16. We acknowledge and agree that if the College is unable to reasonably make adjustments for our child's medical condition, educational/learning difficulty/status and /or additional needs, or where any reasonable adjustments would cause unjustifiable hardship to the College, the offer of enrolment may be withdrawn, or where your child is an existing student, may result in the amendment or discontinuation of the enrolment.
17. We acknowledge that in circumstances where the College is considering withdrawal of an offer of enrolment, or where our child is an existing student, the amendment or discontinuation of the enrolment, the College will reasonably consult with us before any decisions about that are made. We agree to reasonably participate in any reasonable consultation process. We acknowledge and agree that reasonable interim arrangements may need to be put in place by the College during consultation and that we and our child will comply with those arrangements.
18. We acknowledge that the College may collect Personal Information, Sensitive Information and Health Information about parents, guardians and students, which may be necessary for the College's functions and activities. This information may be obtained in writing or in the course of conversations. This information is used and managed in accordance with the Commonwealth Privacy Act and the College's Privacy Policy. We take your privacy seriously. To find out how we may use, disclose and manage your personal and sensitive information, please refer to our Privacy Policy which is available from the College Website or from the College Business Office.
19. We consent to the College using our and our child's Personal Information, Sensitive Information and Health Information for the College's functions and activities, as detailed in the College's Privacy Policy and General Terms and Conditions.
20. If accepted, we consent to the College storing photos and digital media of our child in the school archive for the purpose of using those photos and digital media in certain publications including, but not limited to, the Yearbook, newsletters, website and other promotional material for the College. We understand this consent will remain valid until such time as we revoke our consent in writing.
21. If our child is not an Australian Citizen, we consent to the College conducting Visa Entitlement Verification Online (VEVO) checks from time to time to ensure our child is eligible, and remains eligible, for enrolment and that appropriate fees are being charged. Further information about VEVO can be found at: www.homeaffairs.gov.au/busi/visa. We also acknowledge and agree to advise the College of any change in our, or our child's, visa or residency status within 14 days of the change occurring and providing the College with a copy of the relevant documentation.

Signatures and Required Documentation

We have included the following with this application (please tick appropriate boxes):

- \$50 Enrolment application fee, per child (required)
- Recent photograph (required)
- Birth certificate (required)
- Most recent school report (required unless applying for Kindergarten)
- Most recent NAPLAN report, NAPLAN testing occurs in Years 3, 5, 7 and 9 (required unless applying for K-3)
- Immunisation record or Statutory Declaration (required)
- Catholic baptism certificate (if applicable)
- Passport (or ImmiCard), visa, residency, citizenship documentation - student and parents (if applicable)
- Current court orders regarding your child (if applicable)
- Management plans for serious medical conditions and other relevant medical documentation (if applicable)
- Reports on any Additional Needs assessments your child has undertaken (if applicable)

Failure to provide the required documentation or pay the enrolment application fee, may delay assessment of your application.

We have read and understand the information and requirements contained in this Enrolment Application and our obligations. We confirm that we have all necessary permission and authority to lodge this Enrolment Application. We understand that if any misleading information has been provided, or any significant, relevant information has been omitted, or we fail to advise of changes to the information provided, acceptance may not be granted or enrolment may be withdrawn or terminated if discovered after acceptance.

Signature Father/Guardian _____ Date ____ / ____ / ____

Signature Mother/Guardian _____ Date ____ / ____ / ____

OFFICE USE ONLY

Enrolment Application Fee – Amount Paid:

Date Paid:

Student ID:

Staff Signature:

Date Application Processed:

Comments _____



ENROLMENT APPLICATION FEE

\$50.00 per child – non-refundable

Payment Methods

Credit Card Mastercard Visa

Name of Cardholder _____

Signature of Cardholder _____

Card Number _____ / _____ / _____ / _____

Expiry _____ / _____ CCV _____

Amount _____

BPOINT
Secure online payment using your credit or debit card. Mastercard or Visa only.
Go to www.dominic.tas.edu.au - Our Families - Payments

Electronic Funds Transfer

Bank: Commonwealth Bank
Account Name: Dominic College
BSB: 067 000
Account: 10114391
Reference: ENR FEE plus child's surname

Cheque - Made payable to Dominic College.

In Person - Cash, Cheque or EFTPOS at the College Business Office.

OFFICE USE ONLY

Student ID _____ Student Name _____

Student ID _____ Student Name _____

Student ID _____ Student Name _____

Student ID _____ Student Name _____

ASTHMA FIRST AID

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

- Shake puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
- Repeat until 4 puffs have been taken
- Remember: **Shake, 1 puff, 4 breaths**

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)

3



WAIT 4 MINUTES

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler

IF THERE IS STILL NO IMPROVEMENT

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort



Translating and Interpreting Service
131 450



ASTHMA AUSTRALIA

Contact Asthma Australia

1800 ASTHMA
(1800 278 462)

asthma.org.au

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it's asthma
- the person is known to have Anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid

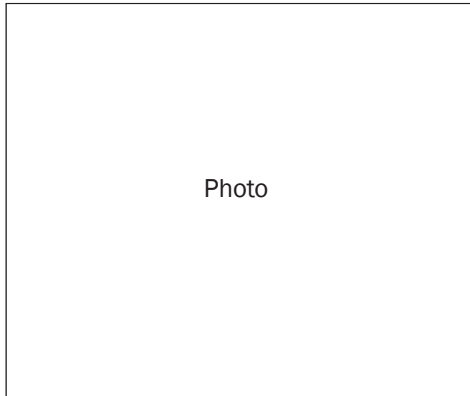
Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.



For use with a Puffer and Spacer

Name: _____

Date of birth: _____



Photo

Child can self administer medication if well enough.

Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP:

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed:

Date: _____

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
- Breath 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)

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1** Sit the person upright.
 - Stay with person and be calm and reassuring
- 2** Give..... separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 3** Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

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

LIFE-THREATENING SIGNS

- 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)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 Sit the person upright. Be calm and reassuring. Do not leave them alone.**
- 2 Phone ambulance: Triple Zero (000).**
- 3 Give separate puffs of Airomir, Asmol or Ventolin**
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 4 Wait 4 minutes.**
- 5 Keep giving puffs every 4 minutes until emergency assistance arrives.**

Commence CPR at any time if person is unresponsive and not breathing normally.
Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

HYPOGLYCAEMIA

LOW if Blood Glucose Level is below:
TREAT IMMEDIATELY

Signs and symptoms

Note: Symptoms may not always be obvious

**DO NOT LEAVE STUDENT UNATTENDED
DO NOT DELAY TREATMENT**

Student conscious & cooperative

Able to eat hypo food

Hypo treatment or fast acting carb:

As supplied or listed on management plan

Recheck BGL after mins

If BGL repeat fast acting carb

Student unconscious or drowsy

Risk of choking or unable to swallow

First aid

Place student on their side and stay with the student

**CALL AN AMBULANCE
DIAL 000**

Contact parent or guardian

when safe to do so

Student's name

DOB

Grade/Year

Key contacts

Name

Phone

Relationship

Name

Phone

Relationship

Pump

The insulin pump continually delivers insulin based on carbohydrate intake and BGL. All BGL results must be entered into pump.

Student able to button push independently:

yes

with supervision

no

Continuous Glucose Monitoring (CGM)

Routine BGL checking times

- Anytime, anywhere in the school
- Prior to lunch/other times as per management plan
- Any time hypo is suspected or student feels unwell
- Prior to activity
- Prior to exams or tests

HYPERGLYCAEMIA

HIGH if Blood Glucose Level is above
(High BGLs are not uncommon)

Signs and symptoms

Note: Symptoms may not always be obvious

Student well

Re-check BGL in 2 hours

Student unwell

e.g. vomiting

Check ketones

(Refer to plan)

Call key contact(s)

to collect student ASAP

Encourage student to drink water and return to class

In 2 hours, if BGL still above key contacts for advice call

Clinic:

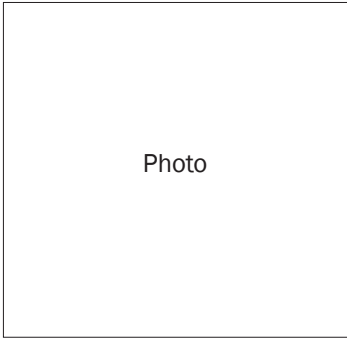
Clinic contact:

Contact No:

For use with adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review – date: _____

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

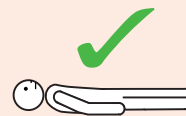
WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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

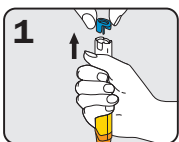
Commence CPR at any time if person is unresponsive and not breathing normally

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

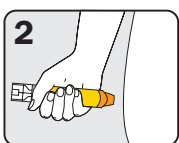
Asthma reliever medication prescribed: Y N

- 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.

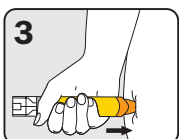
How to give EpiPen® adrenaline (epinephrine) autoinjectors



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



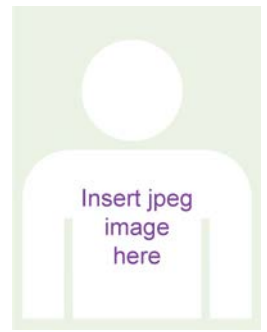
2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3 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 10-20kg

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
				Yes <input type="checkbox"/> No <input type="checkbox"/>	 If you are untrained in emergency medication, call ambulance when:

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)



Large green rectangular area for writing answers to question 6.

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.



Large green rectangular area for writing answers to question 7.

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:



Large green rectangular area for describing overnight support needs.

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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DOMINIC COLLEGE

A Catholic School in the Salesian Tradition



Request and authorisation for medication administration

To be completed by parent or guardian

I _____

(Full name of Parent/Guardian)

request that my child _____

(Full name of student)

be allowed to take or be given medication according to instructions from

_____ during school hours.

(Full name of prescribing doctor)

Address of prescribing doctor:

Contact number:

The medication has been prescribed for the treatment of;

I hereby give permission to the Principal or authorised college representative to obtain relevant information from the prescribing doctor. I accept and agree to observe the conditions imposed by the College and understand and agree that it is my responsibility to inform the College of any changes involving the administration of the prescribed medication.

Signed: _____ Date: _____

Parent/guardian

DOMINIC COLLEGE

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To be completed by prescribing doctor

Student's full name: _____

Medical condition(s) of the child requiring regular treatment:

Essential medication requiring administration during school/college hours:

If possible, please prescribe an alternative medication that does not require it to be administered during normal school hours.

Medication Details

Condition _____

Medication _____

Dosage _____

Time/s of administration _____

Special Instructions _____

Self-Administered Yes / No

Condition _____

Medication _____

Dosage _____

Time/s of administration _____

Special Instructions _____

Self-Administered Yes / No

Condition _____

Medication _____

Dosage _____

Time/s of administration _____

Special Instructions _____

Self-Administered Yes / No

3. Recommended restrictions on participation in school activities (e.g. sport, use of tools or machinery):

4. Recommended procedure in crisis situation

Please note up to date action plans should be provided for Asthma, Anaphylaxis, etc.

5. Additional comments:

Signature of prescribing doctor: _____ Date: _____