Medical Details Form

Student’s Name: _______________________________ Year Level: ___________
Roll Class: ___________

- My child does not have any known medical conditions.
- My child has the following known medical conditions:

### Medical Condition 1:

<table>
<thead>
<tr>
<th>Medical Condition Category: (Please use list of Medical Condition Categories provided)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms:</strong> (Include specific medical condition name if known and any symptoms school should look for)</td>
<td></td>
</tr>
<tr>
<td><strong>Management:</strong> (Include any special instructions the school should follow with regard to this condition)</td>
<td></td>
</tr>
</tbody>
</table>

### Medical Condition 2:

<table>
<thead>
<tr>
<th>Medical Condition Category: (Please use list of Medical Condition Categories provided)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>Management:</strong> (Include any special instructions the school should follow with regard to this condition)</td>
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</tr>
</tbody>
</table>

### Medical Condition 3:

<table>
<thead>
<tr>
<th>Medical Condition Category: (Please use list of Medical Condition Categories provided)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms:</strong> (Include specific medical condition name if known and any symptoms school should look for)</td>
<td></td>
</tr>
<tr>
<td><strong>Management:</strong> (Include any special instructions the school should follow with regard to this condition)</td>
<td></td>
</tr>
</tbody>
</table>

If your child has additional medical conditions please attach details of all medical conditions.

______________________________

Parent’s Signature
<table>
<thead>
<tr>
<th>Education Queensland Standardised Medical Condition Category List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired brain injury</td>
</tr>
<tr>
<td>Allergies /Sensitivities</td>
</tr>
<tr>
<td>Anaphylaxis</td>
</tr>
<tr>
<td>Airway/lung/breathing - Oxygen required (continuously/periodically)</td>
</tr>
<tr>
<td>Airway/lung/breathing - Suctioning</td>
</tr>
<tr>
<td>Airway/lung/breathing - Tracheostomy</td>
</tr>
<tr>
<td>Airway/lung/breathing - Other</td>
</tr>
<tr>
<td>Artificial feeding - Gastrostomy device (tube or button)</td>
</tr>
<tr>
<td>Artificial feeding - Nasogastric tube</td>
</tr>
<tr>
<td>Artificial feeding - Jejunostomy tube</td>
</tr>
<tr>
<td>Artificial feeding - Other</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Attention-deficit /Hyperactivity disorder (ADHD)</td>
</tr>
<tr>
<td>Bladder and bowel - Urinary wetting, incontinence</td>
</tr>
<tr>
<td>Bladder and bowel - Faecal soiling, constipation, incontinence</td>
</tr>
<tr>
<td>Bladder and bowel - Catheterisation (continuous, clean intermittent)</td>
</tr>
<tr>
<td>Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair</td>
</tr>
<tr>
<td>Bladder and bowel - Other</td>
</tr>
<tr>
<td>Blood disorders - Haemophilia</td>
</tr>
<tr>
<td>Blood disorders - Thalassaemia</td>
</tr>
<tr>
<td>Blood disorders - Other</td>
</tr>
<tr>
<td>Cancer / oncology</td>
</tr>
<tr>
<td>Coeliac disease</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Diabetes - type one</td>
</tr>
<tr>
<td>Diabetes - type two</td>
</tr>
<tr>
<td>Ear/hearing disorders - Otitis Media (middle ear infection)</td>
</tr>
<tr>
<td>Ear/hearing disorders - Hearing loss</td>
</tr>
<tr>
<td>Ear/hearing disorders - Other</td>
</tr>
<tr>
<td>Epilepsy - Seizure</td>
</tr>
<tr>
<td>Eye/vision disorders</td>
</tr>
<tr>
<td>Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid</td>
</tr>
<tr>
<td>Heart/cardiac conditions - Heart valve disorders</td>
</tr>
<tr>
<td>Heart/cardiac conditions - Heart genetic malformations</td>
</tr>
<tr>
<td>Heart/cardiac conditions - other</td>
</tr>
<tr>
<td>Mental Health - Depression</td>
</tr>
<tr>
<td>Mental Health - Anxiety</td>
</tr>
<tr>
<td>Mental Health - Oppositional defiant disorder</td>
</tr>
<tr>
<td>Mental Health - Other</td>
</tr>
<tr>
<td>Muscle/bone / musculoskeletal disorders - spasticity (Baclofen Pump)</td>
</tr>
<tr>
<td>Muscle/bone / musculoskeletal disorders - Other</td>
</tr>
<tr>
<td>Skin Disorders - eczema</td>
</tr>
<tr>
<td>Skin Disorders - psoriasis</td>
</tr>
<tr>
<td>Swallowing/dysphagia - requiring modified foods</td>
</tr>
<tr>
<td>Swallowing/dysphagia - requiring artificial feeding</td>
</tr>
<tr>
<td>Transfer &amp; positioning difficulties</td>
</tr>
<tr>
<td>Travel / motion sickness</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>