



## STUDENT HEALTH AND IMMUNISATION

Please attach relevant health and immunisation documents with this application of enrolment.

### Student Details

Full Name

### Health Insurance

Name of Provider

Member Number

Medicare Number

### Immunisation Details

Level of Immunisation

- Fully Immunised  
 Incomplete Immunisation  
 Not Immunised

**Please provide your child's immunisation record to the school.**

Do you have an up-to-date  
Immunisation History  
Statement from the Australian  
Immunisation Register (AIR)

- No  
 Yes

Please provide an Immunisation History Statement from the Australian Immunisation Register (AIR) within two months of enrolment at ISWA. This is encouraged from the Government of Western Australia.

[https://www.healthywa.wa.gov.au/Articles/S\\_T/Starting-or-moving-schools-immunisation-records](https://www.healthywa.wa.gov.au/Articles/S_T/Starting-or-moving-schools-immunisation-records)

### Medical Conditions

Does your child suffer from  
any of these conditions?

- Asthma  
 Allergies  
 Epilepsy  
 Other (*provide details*)
- Diabetes  
 Hearing or Sight Impairment  
 Mental Health (e.g. Anxiety)

Are any of these conditions  
serious or severe which may  
require an action plan and  
immediate medication?

- No  
 Yes, (*provide details*)

List any ongoing student  
medications

**Please supply relevant medication to the School.**

**Please provide ISWA with a copy of the Action Plan required for your child.**

### Other Factors or Disabilities

List other factors or disabilities  
which may affect school activities

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### Emergency Treatment Consent

*In an emergency I authorise, at my cost, an ISWA staff member to assist my child by;*

- Contacting an ambulance
- Administering over the counter medication

Signature of Parent/Guardian

Print Name

Date