

Request to Provide Medical Action Management Plan and/or Self-Administered Medication Information

**(Only complete if your student has an Action Management Plan
and/or Self-Administers Medication)**

During a medical emergency time is critical. If your child has an Action Management Plan provided by your Health Practitioner it is vital that a copy of this is given to the school, so that staff are aware and can initiate the outlined actions immediately.

Student's Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student's Year Level _____		
Parent/Guardian Phone: (Home/mobile) _____	(Work) _____	
Parent Signature _____	Date _____	

Medical Information

Name of condition: _____

Does your student have a current Medical Action Plan? Yes No

Does your student need to self-administer medication? Yes No

Name of Medication: _____

Dosage: _____

For any student that has a Medical Action Plan or self-administers medication at school, Education Queensland states:

- the parent/carer must provide the student's Action Plan (e.g. ASCIA Anaphylaxis Action Plan, Asthma Action Plan).
- the medication container must have a valid pharmacy label which includes the name of the prescribing health practitioner to confirm that it is prescription medication.

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Office Use Only

Medical Action Plan provided Yes No

Date Provided _____

Date Entered _____ Entered by _____



AVIATION HIGH SCHOOL SUPPORT

Please complete and return to enrolments@aviationhigh.eq.edu.au

Student Name	
Year Level	
Parent/Carer Name	

Does your student have a disability? Yes No

Does your student require learning intervention? Yes No

Has your student received support from the
Guidance Officer at Primary School? Yes No

Does your student have any medical conditions? Yes No



Prospective Enrolment
Student Information
 Please complete and return to
enrolments@aviationhigh.eq.edu.au

STUDENT NAME:

DATE OF BIRTH:

CURRENT AGE:

FAVOURITE SUBJECTS:

MY STRENGTHS AS A PERSON:

HOW I WOULD LIKE TO IMPROVE AS A PERSON:

HOW WILL I GET TO SCHOOL?

HAVE YOU PARTICIPATED IN ANY EXTERNAL ACADEMIC COMPETITIONS e.g ICAS MATHS Yes / No

Details (What did you participate in and how did you go?):

WHAT DO YOU LIKE ABOUT YOUR CURRENT TEACHERS?

IS THERE ANY STUDENTS THAT YOU WOULD LIKE TO BE SEPARATED FROM? Yes / No

Details (Who and why?):

PLEASE RATE YOURSELF ON THE CONTINUUM BELOW	
MY READING ABILITY	
MY WRITING ABILITY	
MY MATHS ABILITY	

EXTRA CURRICULA ACTIVITIES

Which sports do you enjoy /
play outside of school?

Which other activities /
hobbies do you have outside
of school?

Specialised Programs

Have you been involved in any of the following

<i>Name</i>	<i>Yes</i>	<i>No</i>	<i>Details</i>
Gifted and Talented			
Maths Extension			
Maths Support			
English Extension			
English Support			
Social Skills			
Behaviour Support			