



Victoria Street, Kerang. 3579

P.O. Box 19

Phone: (03) 5450 3181

Email: kerang.ps@education.vic.gov.au

ABN: 16 182 014 694

Principal: Brenton Taylor

New Enrolment

Dear Parent/ Guardian,

Welcome to Kerang Primary School!!

To assist you in completing your child's enrolment, we have provided a tick box completion below.

To ensure a smooth enrolment process please ensure you provide the following when returning your enrolment pack;

- Student Enrolment Form - signed
- Your child's birth certificate
- Immunisation record
- Privacy Declaration
- Headlice form
- Medical Information (for Local Excursions)
- Asthma management plan (if applicable)

If you have any other queries, please do not hesitate to contact the school on 5450 3181 or kerang.ps@education.vic.gov.au.

Kind regards,

Brenton Taylor

Principal
Kerang Primary School



75 -79 Victoria Street, Kerang. 3579

P.O. Box 19

Phone: (03) 5450 3181

Email kerang.ps@education.vic.gov.au

ABN: 16 182 014 694

PRIMARY SCHOOL PRIVACY NOTICE

Information about the Enrolment Form. Please Read This Notice Before Completing the Enrolment Form.

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Kerang Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Kerang Primary School and the Department of Education & Early Childhood Development are required by law to protect the information provided by this enrolment form.

Health information is collected so that staff at Kerang Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Kerang Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Kerang Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Kerang Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that Kerang Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Kerang Primary School

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Kerang Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Religious Affiliation

If you want your child to receive religious instruction while at Kerang Primary School please complete this section. The Department of Education & Early Childhood Development needs to know what type of religious instruction is sought so the Department can, where possible, provide appropriate religious instruction at Kerang Primary School.

Immunisation status

This assists Kerang Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

Visa status

This information is required to enable Kerang Primary School to process your child's enrolment.

UPDATING YOUR CHILD'S RECORDS

Please let Kerang Primary School know if any information needs to be changed by sending updated information to the school office. During your child's time with Kerang Primary School we will also send you copies of enrolment information held by us. Please use this opportunity to let us know of any changes.

ACCESS TO YOUR CHILD'S RECORD HELD BY SCHOOL

In most circumstances you can access your child's records. Please contact the Principal to arrange this. Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The Kerang Primary School can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. This form is available on request.



75 -79 Victoria Street, Kerang. 3579

P.O. Box 19

Phone: (03) 5450 3181

Email kerang.ps@education.vic.gov.au

ABN: 16 182 014 694

Principal: Brenton Taylor

Privacy Declaration – Term of Enrolment

Preamble

The school is required to discreetly collect and use information about and belonging to individuals as part of its normal mode of operation. This declaration is intended to provide permission for the release of personal information, achievements, works and images for the term of the student's enrolment, rather than on an annual basis.

The school displays and publishes personal information, achievements, works and images as part of

- keeping parents informed about matters related to their child's schooling
- looking after students' educational, social and health needs
- celebrating the efforts and achievements of students
- day-to-day administration
- satisfying the school's legal obligations, and
- allowing the school to discharge its duty of care.
-

The school often displays and publishes personal information, achievements, works and images to celebrate achievement and to promote its programs and special activities. Occasionally, it grants permission to a third party to allow this activity to happen, such as the local newspaper.

The Declaration:

Please tick statements you agree with:

I grant permission for Kerang Primary School to discreetly use personal information, achievements, works and images belonging to my child

- for the purposes listed above, especially the celebration of achievement,
- for the production of school photographs,
- for publication in school and classroom newsletters,
- for publication in the press,
- for the production of school-related video films.
- for display in public places
- for publication on Kerang Primary School's Facebook/web page

This declaration covers the following students:

- 1.
- 2.
- 3.

Signed:.....Date:.....



KERANG PRIMARY SCHOOL

**CONSENT FORM—HEAD LICE INSPECTIONS
FOR TERM ON ENROLMENT**

Throughout the year, the school will be arranging head lice inspections of students.

The management of head lice infestation works best when all children are involved in our screening program.

The school is aware that this can be a sensitive issue and is committed to maintaining student confidentiality and avoiding stigmatisation.

Before any inspections are conducted staff will explain to all students what is being done and why, and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.

The inspection of students will be conducted by Nurse Debbie O'Brien.

The person conducting the inspections will physically search through each student's hair to see if any lice or eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's class teacher and the principal. The school will send a written notice home with the child and provide parents with comprehensive advice about the use of safe treatment practices which do not place children's health at risk.

Please note that the law requires that where a child has head lice, that child should not return to school until appropriate treatment has commenced.

Parent's/Guardian's Full Name:

Address: Postcode:

Name(s) of Child/Children attending the school:

.....
.....
.....
.....

I hereby give my consent for the above-named child/ren to participate in the school's head lice inspection program for the term of their enrolment at Kerang Primary School.

Signature of Parent/Guardian Date:.....



**KERANG PRIMARY SCHOOL
2024 MEDICAL INFORMATION**

Confidential Medical Information for Local School Excursions including Swimming.
This information is to assist the school in case of any medical emergency with your child.
All information held in confidence.

Child's Name.....

Date of Birth:Grade:

Parent's/Guardian's Full Name

Address:

Mobile Phone Number Business Hours:

Email Address

Name and Phone Number of Family Doctor:

Medicare No: Ambulance Subscriber: YES/NO Health Card: YES/NO

Medical/Hospital Insurance Fund:Contribution No:

Child's Health Card No.....

Please tick if your child suffers any of the following:

- | | | | |
|--|--|------------------------------------|---|
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine | <input type="checkbox"/> Asthma – PLAN |
| REQUIRED | | | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Bee Stings – Medication
required? Please |
| <input type="checkbox"/> Allergies (Please specify)..... | | | |

supply

Other

What special care is recommended?

Please include any medication required by your child.

Tetanus Immunisation – Year of last tetanus immunisation (Tetanus immunisation is normally given at five years of age [as Triple Antigen of CDT] and at fifteen years of age [as ADT])

If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- **Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,**
- **Administer such first-aid as the teacher in charge may judge to be reasonably necessary.**

Signature of Parent/Guardian Date

**IT IS THE PARENT'S RESPONSIBILITY TO INFORM THE SCHOOL SHOULD
THERE BE ANY CHANGES IN YOUR CHILD'S HEALTH.**

This form is for Local Excursions throughout the year.



SCHOOL ASTHMA ACTION PLAN

SCHOOL LOGO
(optional)

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Please tick (✓) the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child's asthma so we can better manage asthma while your child is in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthmas Policy: 2003.

Student's Name _____

Gender M F Age _____ Date of Birth ____/____/____ Form/Class _____

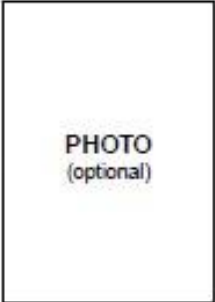
Emergency Contact (e.g. Parent/Carer) _____ Relationship _____

Phone (H) _____ (B/H) _____ Mobile _____

Doctor's Name _____ Phone _____

Ambulance Subscriber Y N Subscriber no. _____

Medicare No. _____



USUAL ASTHMA ACTION PLAN

Usual signs of child's asthma	Worsening signs of child's asthma	What triggers the child's asthma?
Wheezing _____ <input type="checkbox"/> Tightness in chest _____ <input type="checkbox"/> Coughing _____ <input type="checkbox"/> Difficulty in breathing _____ <input type="checkbox"/> Difficulty speaking _____ <input type="checkbox"/> Other (please describe) _____	Increased signs of: Wheezing _____ <input type="checkbox"/> Tightness in chest _____ <input type="checkbox"/> Coughing _____ <input type="checkbox"/> Difficulty in breathing _____ <input type="checkbox"/> Difficulty speaking _____ <input type="checkbox"/> Other (please describe) _____	Exercise _____ <input type="checkbox"/> Colds/Viruses _____ <input type="checkbox"/> Pollens _____ <input type="checkbox"/> Dust _____ <input type="checkbox"/> Other Triggers (please describe) _____

Does your child need assistance taking their medication? Y N

Asthma medication requirements usually taken at school: (including preventers, symptom controllers, combination medication, medication before exercise)		
Name of Medication	Method (e.g. puffer & spacer, turbuhaler)	When, and how much?

Is your child on regular preventer medication taken at home? Y N



SCHOOL ASTHMA ACTION PLAN



Australian Government
Department of Health and Ageing

Asthma First Aid Plan

Please tick (✓) preferred First Aid Plan:

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.7.8 of Department of Education and Training's Victorian Government Schools' Reference Guide.

1. Sit the student down and remain calm to reassure the student. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (names include Ventolin, Airomir, Asmol or Epaq) and give 4 separate puffs, through a spacer (spacer technique - 1 puff / take 4 breaths from spacer, repeat until 4 puffs have been given).
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that "**a student is having an asthma attack**".
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

If at any time the student's condition suddenly worsens, call an ambulance immediately.

OR

Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received asthma first aid.
- In the event of an asthma attack at school, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's / Guardian's Signature: _____ Date ____/____/____

Doctor's Signature: _____ Date ____/____/____

Doctor's Provider Number: _____

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly Schools Program and asthma management please contact: Asthma Victoria on (03) 9326 7088 or Toll Free 1800 645 130 or visit our web site www.asthma.org.au