



**STUDENT'S HEALTH** (to be completed by Parent/Guardian)

Please tick yes or no to ALL questions in the table below. Provide detailed information wherever possible. *How serious is it? What is it? When? Has it fully recovered? Any known triggers? Is it self-managed? Anticipated special management? Attach a sheet with additional information if required.*

	YES	NO	ADDITIONAL INFORMATION
Dizzy Spells / Fainting			
Nose Bleeds			
Headaches / Migraines			
Eye problems			
Ear infections / Hearing impairments			
Kidney problems / Bladder issue			
Skin conditions			
Menstrual problems			
Diabetes (if yes please attach a Diabetic Action Plan)			
Epilepsy / Seizures			
Sinusitis / Hayfever			
Physical disability			
Food allergies / Intolerances			
Asthma *			
Allergies *			

*\*Please complete the Asthma & Allergenic Reaction Management Plan at the end of this form if required.*

**PAST HEALTH**

OTHER SERIOUS HEALTH INCIDENTS (Please provide dates)	
Illnesses	
Hospitalisations	
Operations	

Are there any medical, psychological, behavioural or relationship issues (past or present) that we need to be aware of for the care of your son or daughter while on exchange:

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We will make the school aware of any changes that occur after this date. Yes



**SPECIFIC NEEDS**

Does your child have specific needs e.g. diet, medical, religious observances, that need to be taken into account  
Yes  No

If yes please provide details:

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**MEDICATION PERMISSIONS**

- Paracetamol Yes  No
- Ibuprofen (Nurofen) Yes  No
- Cetirizine (Zyrtec) Yes  No
- Cold & Flu Tablets Yes  No
- Salbutamol (Asthma Reliever) Yes  No

**IMMUNISATION**

If your child is not immunised, it is your responsibility to look into the hosting schools policies on this matter

DATE OF LAST IMMUNISATION	
MMR – Measles, Mumps, Rubella	
dTpa – Tetanus, Pertussis, Diphtheria	
Tetanus Boostrix (Administered in Year 7)	
COVID-19 (please supply vaccination certificate)	

**TRAVEL INSURANCE:** BCGS students participating in the exchange program are covered under the BCGS travel insurance policy for your arranged date range.

**STATEMENT OF AWARENESS & RESPONSIBILITY**

***“Round Square’s role in student exchanges is one of facilitator, enabling Round Square Candidate and Member Schools to connect and organise exchanges for the benefit of the students taking part. Round Square does not organise any exchanges itself and is not therefore responsible for individual exchange arrangements. It is important for students and parents to note that Round Square does not vet or monitor the arrangements made by the schools and does not have any contact with or role in selecting host families. Round Square provides schools with best practice protocols but you must satisfy yourselves that the arrangements made by the individual school you are considering allowing your child to visit are appropriate. Round Square therefore accepts no legal responsibility or liability for student exchanges whatsoever.”***



### **MEDIA INFORMATION**

The School often promotes the student exchange program to the School community through the website and social media as well as in the local newspapers. Please advise whether you give permission for your child's:

- Name or photograph to be published as part of a media article.
- Photograph to be published on the School website (password protected).
- Photograph to be published on Bunbury Cathedral Grammar School's social media accounts (Facebook and Instagram).

### **SOCIAL MEDIA RULES FOR EXCHANGE**

Students are required to understand and abide by the rules and ethics of social media, including, but not limited to; posting illegal activities, bullying or threatening violence, and negative comments about peers or school/staff, posting confidential information, unprofessional profiles and emotional posts.



<b>ASTHMA</b>	
Usual maintenance medical program followed:	
Preventer medication:	
Reliever medication:	
Medication and treatment regime to be used during an asthma attack	Please attach an Action Plan if available
List any known asthma triggers:	
Has asthma interfered with participation in normal physical activities within the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Has your child been admitted to hospital due to asthma in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Has your child been on oral cortisone for asthma in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Has your child suffered severe asthma attacks requiring hospitalisation within the last 12 month?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
<b>ALLERGENIC REACTION</b>	
What is your child allergic to?	
What are the signs and symptoms of your child's reaction?	
<b>Historically, has your child suffered from any of the following:</b>	
A localised reaction (rash, itching, swelling at the site that poison/irritant entered)	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
A systemic reaction (rash, itching swelling away from the site that the poison/irritant entered)	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
An anaphylactic reaction (sever breathing problem, total body swell, emergency situation)	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
What does your child take for their allergic reaction? (if any)	
Have allergies interfered with participation in normal physical activities within the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Has your child been admitted to hospital as a result of allergies in the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Does your child take adrenaline (Epi-pen) when suffering an allergic reaction?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please supply recent Anaphylaxis Action Plan