

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

Dizzy Spells / Fainting

Nose Bleeds

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.

NO

ADDITIONAL INFORMATION

YES

Headaches / Migraines	S							
Eye problems								
Ear infections / Hearin	g impairments							
Kidney problems / Blad	dder issue							
Skin conditions								
Menstrual problems								
Diabetes (if yes please attach a Diabetic Action Plan)								
Epilepsy / Seizures								
Sinusitis / Hayfever								
Physical disability								
Food allergies / Intoler	ances							
Asthma *								
Allergies *								
*Please complete the	Asthma & Allergenic Rea	nction Mana	ngemen	t Plan at the e	nd of this fo	rm if require	∍d.	
	OTHER SERIOUS HE	EALTH INC	CIDEN	ITS (Please բ	provide dat	es)		
Illnesses								
Hospitalisations								
Operations								
Are there any medical, pof for the care of your so				nip issues (pa	ist or prese	ent) that w	e need to be	aware
We will make the schoo	l aware of any changes	s that occu	ır after	this date.	Yes			



SPECIFIC NEEDS

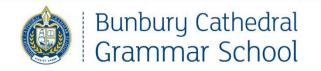
•	_	dical, religious observances, that need to be taken into account to \Box			
If yes please provide details:					
MEDICATION PERMISSIONS					
Paracetamol	Yes □	No □			
Ibuprofen (Nurofen)	Yes □	No □			
Cetirizine (Zyrtec)	Yes □	No □			
Cold & Flu Tablets	Yes □	No □			
Salbutamol (Asthma Reliever)	Yes □	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,Diptheria				
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.

ASTHMA & ALLERGENIC REACTION MANAGEMENT PLAN



ASTHMA					
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 □ No □ Details:				
Has your child been admitted to hospital due to asthma in the past 12 months?	Yes □ No □ Details:				
Has your child been on oral cortisone for asthma in the last 12 months?	Yes □ No □ Details:				
Has your child suffered severe asthma attacks requiring hospitalisation within the last 12 month?	Yes □ No □ Details:				
ALLERGENIC REACTION					
What is your child allergic to?					
What are the signs and symptoms of your child's reaction?					
Historically, has your child suffered from any of the following:					
A localised reaction (rash, itching, swelling at the site that poison/irritant entered)	Yes □ No □ Details:				
A systemic reaction (rash, itching swelling away from the site that the poison/irritant entered)	Yes □ No □ Details:				
An anaphylactic reaction (sever breathing problem, total body swell, emergency situation)	Yes □ No □ 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 □ No □ Details:				
Has your child been admitted to hospital as a result of allergies in the past 12 months?	Yes □ No □ Details:				
Does your child take adrenaline (Epi-pen) when suffering an allergic reaction?	Yes □ No □ If YES please supply recent Anaphylaxis Action Plan				