

Dear Parent/s

From January 2011, all state schools in Queensland will manage student enrolment information in the OneSchool application. Whilst most information recorded for your child in the existing School Management System (SMS) will be automatically transferred to OneSchool, any Medical Details contained in SMS will not be able to be transferred as the Department has developed a new standardised list of medical conditions categories to be used by all state schools. The new list of medical conditions will ensure student medical details are consistently recorded across all schools.

A list of the new categories can be found attached to this letter. Please refer to this list when completing the Medical Condition Category sections on the attached Medical Details form.

Staff at the school will spend time at the beginning of 2011 entering medical details for your child into the new system. To facilitate this data entry, I would like to request that all parents please complete the attached Medical Details form for your child and return to the school office with your enrolment package.

Regards

Scott Edmunds
Principal

Education Queensland Standardised Medical Condition Category List

Acquired brain injury
Allergies /Sensitivities
Anaphylaxis
Airway/lung/breathing - Oxygen required (continuously/periodically)
Airway/lung/breathing - Suctioning
Airway/lung/breathing -Tracheostomy
Airway/lung/breathing -Other
Artificial feeding - Gastrostomy device (tube or button)
Artificial feeding - Nasogastric tube
Artificial feeding - Jejunostomy tube
Artificial feeding - Other
Asthma
Attention-deficit /Hyperactivity disorder (ADHD)
Bladder and bowel - Urinary wetting, incontinence
Bladder and bowel - Faecal soiling, constipation, incontinence
Bladder and bowel - Catheterisation (continuous, clean intermittent)
Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair
Bladder and bowel - Other
Blood disorders - Haemophilia
Blood disorders - Thalassaemia
Blood disorders - Other
Cancer / oncology
Coeliac disease
Cystic Fibrosis
Diabetes - type one
Diabetes - type two
Ear/hearing disorders - Otitis Media (middle ear infection)
Ear/hearing disorders - Hearing loss
Ear/hearing disorders - Other
Epilepsy - Seizure
Eye/vision disorders
Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid
Heart/cardiac conditions - Heart valve disorders
Heart/cardiac conditions - Heart genetic malformations
Heart/cardiac conditions - other
Mental Health - Depression
Mental Health - Anxiety
Mental Health - Oppositional defiant disorder
Mental Health - Other
Muscle/bone / musculoskeletal disorders - spasticity (Baclofen Pump)
Muscle/bone / musculoskeletal disorders - Other
Skin Disorders - eczema
Skin Disorders - psoriasis
Swallowing/dysphagia - requiring modified foods
Swallowing/dysphagia - requiring artificial feeding
Transfer & positioning difficulties
Travel / motion sickness
Other

Medical Details Form

Student's Name: _____ Year Level: _____
 Roll Class: _____

- My child does not have any known medical conditions.
 My child has the following known medical conditions:

Medical Condition 1:	
Medical Condition Category: <i>(Please use list of Medical Condition Categories provided)</i>	
Symptoms: <i>(Include specific medical condition name if known and any symptoms school should look for)</i>	
Management: <i>(Include any special instructions the school should follow with regard to this condition)</i>	

Medical Condition 2:	
Medical Condition Category: <i>(Please use list of Medical Condition Categories provided)</i>	
Symptoms: <i>(Include specific medical condition name if known and any symptoms school should look for)</i>	
Management: <i>(Include any special instructions the school should follow with regard to this condition)</i>	

Medical Condition 3:	
Medical Condition Category: <i>(Please use list of Medical Condition Categories provided)</i>	
Symptoms: <i>(Include specific medical condition name if known and any symptoms school should look for)</i>	

Management: <i>(Include any special instructions the school should follow with regard to this condition)</i>	
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If your child has additional medical conditions please attach details of all medical conditions.

Parent's Signature