



# Queensland ConnectEd Enrolment Application Pack

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**CHANGING LIVES ONE AT A TIME**

# Alta-1 ConnectEd Program

*A Transition-To-School Program for Students who are Unable to Attend School Full-Time*

Re-engaging with education can be difficult, and sometimes frightening, for students who have been long-term educationally disengaged. For young people who are living with anxiety, depression, and even difficult family circumstances, full-time attendance at a traditional school setting may not be immediately realistic.

Alta-1 College recognises that there are complexities that exist beneath school refusal and poor school attendance. As such, a one of a kind "Transition-To-School" program called the ConnectEd Program was started with the most educationally disengaged and marginalised young people in our hearts and minds. Through a supportive, carefully scaffolded and individualised program, ConnectEd students can make the transition from being isolated in their homes to re-engaged in an Alta-1 Year 11 and 12 Campus.

We provide each young person with a Chaplain who has the capacity to visit them in the home for 2 hours each week. Our Chaplains are outstanding at building relationships with young people and supporting them to step into the community, the ConnectEd Campus and eventually into the Alta-1 Senior Campus Program. If a student does not need this home visit service, the program can start where the student is at and they may have their first session at the ConnectEd Campus. The young people work through an Alta-1 designed Personal Recovery and Community Building Program with their Chaplain to acknowledge, confront and resolve areas of difficulty in their lives.

While enrolled in the ConnectEd Program, students work on the Personal Recovery and Community Building Program and have the opportunity to start working towards their Queensland Certificate of Education. The Program provides a weekly 2-hour time at the ConnectEd Campus (located in the Caboolture Business Precinct) with a teacher and access to teacher support throughout the week. Students are enrolled in teacher-aide facilitated tutoring groups and activities which typically run between 10:00am-2:00pm. The ConnectEd students also catch up for excursions twice per term to build the young people's confidence in the community and with each other. With time, the young person is encouraged to make a gentle transition to Senior Campus life.

There are currently enrolment places available and enquiries are welcome now and throughout 2021. It can sometimes be a challenge to find the right students for the ConnectEd Program due to their isolation, but we know that they are out there and in need of the support of this unique program. *(Students do need to be between 14yrs & 9months and 19 years of age to enrol).*

Our wonderful Administration Team (07 5301 8008) is available to provide more information or to arrange for an enrolment interview. We would also encourage you to take a good look at our website at: [www.alta-1.com.au](http://www.alta-1.com.au)

Looking forward to talking further,



Michelle Ferguson  
ConnectEd Program Coordinator



Matthew Vandeppeer  
Alta-1 College QLD Principal

## APPLICATION CHECKLIST



### Application Forms

- ☐ Every page of the Application pack completed, and signed by both parent/guardian and student where required, including:
  - ☐ Direct Debit form - for school fees (No fees will be taken out until the student begins at Alta-1)
  - ☐ Medication at School form - in case the student requests Panadol/Nurofen at school
  - ☐ Asthma/Anaphylaxis/Allergies forms - if relevant
  - ☐ Doctor's details (p.8)
  - ☐ Medication details (p.8, p.27)

### Required Documents

- ☐ Birth Certificate/ AUS Passport (or NZ Passport/ Citizenship/Residency document)
- ☐ Medicare Card
- ☐ Immunisation History Statement  
*(Must be less than 3 months old. Available online from MyGov or Medicare; in person at Centrelink office; by phone 1800 653 809)*
- ☐ 2 x previous School Reports
- ☐ Student Profile, Behaviour/Safety plans, EAP, IEP, SET Plans, ISP, other documented plans from previous school
- ☐ Medical/psychological reports and/or diagnoses, care plans, referral letters etc.
- ☐ For independent students - Centrelink allowance statement/letter
- ☐ Alta-1 Referral Form to be completed by a suitable referee as stated on the form
- ☐ Court Orders/ Child Protection Orders (where relevant)

## STANDARD COLLECTION NOTICE

1. The College collects personal information, including sensitive information about students and parents or guardians before and during the course of a student's enrolment at the College. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable the College to provide schooling to students enrolled at the college, exercise its duty of care, engage in marketing/fundraising and perform necessary associated administrative activities, which will enable students to take part in all the activities of the College.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
3. Laws governing or relating to the operation of a school require certain information to be collected and disclosed. These include relevant Education Acts, and Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the Australian Privacy Principles (APPs) under the *Privacy Act 1988*. We may ask you to provide medical reports about students from time to time.
5. The College may disclose personal and sensitive information for educational, legal, administrative, marketing and support purposes. This may include to:
  - other schools and teachers at those schools;
  - government departments (including for policy and funding purposes);
  - medical practitioners;
  - people providing educational, support and health services to the College, including specialist visiting teachers, [sports] coaches, volunteers, and counsellors;
  - providers of learning and assessment tools;
  - assessment and educational authorities, including the Australian Curriculum, Assessment and Reporting Authority (ACARA), Queensland Curriculum and Assessment Authority (QCAA), and NAPLAN Test Administration Authorities (who will disclose it to the entity that manages the online platform for NAPLAN);
  - people providing administrative and financial services to the College;
  - anyone you authorise the College to disclose information to; and
  - anyone to whom the College is required or authorised by law, including child protection laws, to disclose the information.
6. Personal information collected from students is regularly disclosed to their parents or guardians.
7. The College may use online or 'cloud' service providers to store personal information and to provide services to the College that involve the use of personal information, such as services relating to email, instant messaging and education and assessment applications. Some limited personal information may also be provided to these service providers to enable them to authenticate users that access their services. This personal information may reside on a cloud service provider's servers which may be situated outside Australia. Further information about the College's use of on online or 'cloud' service providers is contained in the College's Privacy Policy.
8. The College's Privacy Policy, accessible on the College's website, sets out how parents or students may seek access to and correction of their personal information which the College has collected and holds. However, access may be refused in certain circumstances such as where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to a student, or where students have provided information in confidence. Any refusal will be notified in writing with reasons if appropriate.
9. The College's Privacy Policy also sets out how parents and students can make a complaint about a breach of the APPs and how the complaint will be handled.
10. The College may engage in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organisations that assist in the College's fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. On occasions information such as academic and sporting achievements, student activities and similar news is published in College newsletters and magazines, on our intranet and website. This may include photographs and videos of student activities such as sporting events, college camps and college excursions. The College will obtain permissions during enrolment from the student's parent/guardian (and from the student if appropriate) if we would like to include such photographs or videos [or other identifying material] in our promotional material or otherwise make this material available to the public such as on the internet.
12. We may include students' and students' parents' contact details in a class list and College directory.
13. If you provide the College with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the College and why.

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_



Suites 12 & 14, 42-44 King Street  
Caboolture QLD  
PO Box 388, Caboolture, QLD 4510  
t. +61 (7) 5301 8008 f.+61 (8) 9403 8299  
e. admin@alta-1.qld.edu.au  
Website: www.alta-1.com.au



## Application for Enrolment

### STUDENT DETAILS

Surname: \_\_\_\_\_ USI Number: Yes ☐ \_\_\_\_\_ No ☐

Given Name/s: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender (as per Birth Certificate): M ☐ F ☐ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

*(Please provide copy of Birth Certificate. Please also provide copy of Visa if born outside of Australia)*

Main Language spoken: \_\_\_\_\_ Main Language spoken at home: \_\_\_\_\_

- 1. Aboriginal but not Torres Strait Islander descent ☐
- 2. Torres Strait Islander but not Aboriginal descent ☐
- 3. Both Aboriginal and Torres Strait Islander descent ☐
- 4. Neither Aboriginal nor Torres Strait Islander descent ☐

Immunisation history available? Yes ☐ No ☐ *(Please provide a copy of Immunisations)*

Present or Previous School: \_\_\_\_\_

Year level previously completed and when: \_\_\_\_\_

*(Please provide a copy of two previous school reports)*

Home address (while enrolled in the program): \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

### PHOTO AUTHORISATION

Authorisation is needed to use students' photographs in different publications. In the event a photo of your child is published, only the first name will be used to ensure confidentiality.

Please place a tick in the boxes below indicating what areas you are happy to have your child's photograph/s used in, including videos and power point presentations. Newsletters will not only be issued to students, but also placed on the website.

Website ☐

Promotional Material ☐

School Publications ☐

## CONTACT DETAILS OF RESPONSIBLE PARENT/GUARDIAN

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: ('As Above' if the same) \_\_\_\_\_

Contact Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

## FAMILY DETAILS

### **Mother**

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ P/Code : \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact number: \_\_\_\_\_

1. Aboriginal but not Torres Strait Islander descent ☐
2. Torres Strait Islander but not Aboriginal descent ☐
3. Both Aboriginal and Torres Strait Islander descent ☐
4. Neither Aboriginal nor Torres Strait Islander descent ☐

### **Father**

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact number: \_\_\_\_\_

1. Aboriginal but not Torres Strait Islander descent ☐
2. Torres Strait Islander but not Aboriginal descent ☐
3. Both Aboriginal and Torres Strait Islander descent ☐
4. Neither Aboriginal nor Torres Strait Islander descent ☐

### **Marital Status:**

Married/De facto ☐

Separated ☐

Single ☐

Divorced ☐

Widowed ☐

## CUSTODY/GUARDIANSHIP DETAILS

Student resides: Permanently with: \_\_\_\_\_ Occasionally with: \_\_\_\_\_

Custody Details/Access Restrictions? YES ☐ NO ☐

*(Please include a copy of any Court Orders)*

\_\_\_\_\_  
\_\_\_\_\_

Alternative Family Information:

\_\_\_\_\_  
\_\_\_\_\_

If you wish for another person to contact the school regarding your child, please advise below. YES ☐ NO ☐

Name and contact number of alternative person/s: \_\_\_\_\_  
\_\_\_\_\_

### **EMERGENCY CONTACT (3)**

Other than Parent/Guardian who will be contacted first

Name \_\_\_\_\_

Phone (Hm) \_\_\_\_\_

Mobile \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### **EMERGENCY CONTACT (4)**

Other than Parent/Guardian who will be contacted first

Name \_\_\_\_\_

Phone (Hm) \_\_\_\_\_

Mobile \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**The following information is required by the Australian Government to determine the level of funding the College is allocated**

**Parent/Guardian 1:** \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Main Language spoken at home: \_\_\_\_\_

What is the highest year of primary or secondary school completed? (Please tick the appropriate box)

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Year 9 or equivalent or below | <input type="checkbox"/> 2. Year 10 or equivalent |
| <input type="checkbox"/> 3. Year 11 or equivalent         | <input type="checkbox"/> 4. Year 12 or equivalent |

What is the level of the highest qualification completed? (Please tick the appropriate box)

- |   |   |
|---|---|
| <input type="checkbox"/> 5. Certificate I to IV (incl. trade certificate) | <input type="checkbox"/> 6. Advanced Diploma/Diploma    |
| <input type="checkbox"/> 7. Bachelor degree or above                      | <input type="checkbox"/> 8. No non-school qualification |

Occupation group (Please tick the appropriate box)

- ☐ 1. Senior management and qualified professionals
- ☐ 2. Other business managers, arts/media/sport, associated professionals
- ☐ 3. Tradesmen/women, clerks, skilled office, sales, service
- ☐ 4. Machine operators, hospitality, assistants, labourer, etc.
- ☐ 8. Not in paid work in last 12 months
- ☐ 9. Not stated or unknown

**Parent/Guardian 2:** \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Main Language spoken at home: \_\_\_\_\_

What is the highest year of primary or secondary school completed? (Please tick the appropriate box)

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Year 9 or equivalent or below | <input type="checkbox"/> 2. Year 10 or equivalent |
| <input type="checkbox"/> 3. Year 11 or equivalent         | <input type="checkbox"/> 4. Year 12 or equivalent |

What is the level of the highest qualification completed? (Please tick the appropriate box)

- |   |   |
|---|---|
| <input type="checkbox"/> 5. Certificate I to IV (incl. trade certificate) | <input type="checkbox"/> 6. Advanced Diploma/Diploma    |
| <input type="checkbox"/> 7. Bachelor degree or above                      | <input type="checkbox"/> 8. No non-school qualification |

Occupation group (Please tick the appropriate box)

- ☐ 1. Senior management and qualified professionals
- ☐ 2. Other business managers, arts/media/sport, associated professionals
- ☐ 3. Tradesmen/women, clerks, skilled office, sales, service
- ☐ 4. Machine operators, hospitality, assistants, labourer, etc.
- ☐ 8. Not in paid work in last 12 months
- ☐ 9. Not stated or unknown

## STUDENT MEDICAL INFORMATION

Student's Full Name: \_\_\_\_\_

Has the student ever been diagnosed with any of the following? *(Tick if applicable)*

*Please note that the answers to these questions won't determine whether the student is accepted into Alta-1, however it will help to give staff a better understanding and equip us to care for the student appropriately.*

<input type="checkbox"/> <b>Autism Spectrum Disorder (ASD)</b> Details:	
<input type="checkbox"/> <b>Deaf and Hard of Hearing</b> Details:	<input type="checkbox"/> <b>Vision Impairment</b> <input type="checkbox"/> Dyslexia (physiological, needing correction by coloured lens or overlays) <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Intellectual Disability</b> <i>IQ score below 69 and deficits in adaptive behaviour, such as self-care, independence, safety, etc.</i> Details:	<input type="checkbox"/> <b>Physical Disability</b> Details:
<input type="checkbox"/> <b>Medical/Health Condition</b> <input type="checkbox"/> Diabetes <input type="checkbox"/> Arthritis <input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylaxis (Beestings/food) <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Disorder <input type="checkbox"/> Other: _____ <b>*Please attach Management Plan/s</b>	<input type="checkbox"/> <b>Speech and Language Impairment</b> <input type="checkbox"/> Dyslexia (Spelling, Comprehension and Reading Difficulty) <input type="checkbox"/> Dysgraphia (Writing) <input type="checkbox"/> Dyscalculia (Mathematics and numeracy) <input type="checkbox"/> Dyspraxia (Verbal and/or motor co-ordination) <input type="checkbox"/> Language or speech disorder (E.g. stutter) <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Mental/Behavioural Disorder</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Depression  <input type="checkbox"/> Anxiety  <input type="checkbox"/> Drug/alcohol issues/addiction  <input type="checkbox"/> Anorexia  <input type="checkbox"/> Bulimia  <input type="checkbox"/> Bipolar Disorder (previously known as manic depression)  <input type="checkbox"/> Motor Disorders such as tics, Tourette's etc.  <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)  <input type="checkbox"/> Other: _____         </div> <div> <input type="checkbox"/> Trauma and post-traumatic stress (PTSD)  <input type="checkbox"/> Schizophrenia or other psychotic disorders  <input type="checkbox"/> Obsessive Compulsive Disorder (OCD)  <input type="checkbox"/> Oppositional Defiant or Conduct Disorder         </div> </div>	



**Other**

Please provide information relating to any diagnosis not listed above or any **Health Issue** that may impact your child's performance (i.e. Significant illness or conditions / previous surgery / head or brain injury).

**Risk to harm self:** ☐ Low ☐ Medium ☐ High

Details:

**Risk to harm others:** ☐ Low ☐ Medium ☐ High

Details:

**Substance use** (e.g. Drugs, Alcohol)

Details:

**Doctor's Name / Medical Centre:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

**Support agencies accessed by your child (e.g. Headspace):**

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**Please list any medications administered at home and any emergency medications.**

*(This is for reference purposes and may be useful information for health professionals in case of an emergency.)*

Name of Medication	Strength (eg 10mg)	Dosage (eg 1 tablet)	How to be given	Times to be given at school	Other useful instructions or information

**Medicare No:** \_\_\_\_\_ **Individual Number:** \_\_\_\_\_ **Valid To:** \_\_\_\_\_

## REQUEST TO ADMINISTER MEDICATION AT SCHOOL FORM

(Valid for 12 months, new form to be completed at the beginning of each year)

This form must be completed for all students requiring medication (prescription and non-prescription) during school hours with the exception of antibiotics and short-term medication. This must include written instructions from the parent/guardian and delivered to the campus teacher. Note however: Alta-1 College staff will never take responsibility for the administration of any medication by injection.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year Level: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

### Please list medications that your child may require during school hours

Name of Medication	Strength (eg 10mg)	Dosage (eg 1 tablet)	How to be given	Times to be given at school	Other useful instructions or information

### I give permission for my child to be administered the following pain and allergy relief medication(s) if required:

☐ Paracetamol ☐ Ibuprofen ☐ Antihistamine

### Further Information:

- Alta-1 College staff will never take responsibility for the administration of any medication by injection.
- For College staff to administer any medication (including over the counter medication), a medical certificate or letter is required from a medical practitioner.
- The College is not permitted to administer "natural" remedies from alternative therapy practitioners.

The following points are for security and safety purposes and are a requirement of the Health (Drug and Poisons) Regulation 1996 (QLD).

### Parents/guardians must:

- Notify the school in writing to administer medication. This may include written guidelines from the prescribing medical practitioner, including potential side effects or adverse reactions.
- Provide medication in the original pharmacy labelled container to the school
- Provide the medication with the original pharmacy label detailing the student's name, dosage and times to be taken
- Not provide out of date medication
- Notify the school in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist.
- Notify the school if the student has received a dose at home with ill effects
- Advise the school in writing and collect from the school when the medication is no longer required at school

### Parent Declaration:

- ☐ I hereby request that school staff administer the above necessary medication to my child while at school.
- ☐ I agree to notify the school in writing, if there are any changes in the above medication.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EXCURSION MEDICAL FORM



The information in this form is collected so that teachers and staff members have critical medical information for students on hand during excursions.

**Student Name:** \_\_\_\_\_

### 1. Medical Conditions:

If your child suffers from any current or chronic illness, please indicate here:

☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Allergies ☐ Anaphylaxis ☐ Other: \_\_\_\_\_

If you indicated any condition above, you **must** supply a detailed illness management plan as a separate attachment to this form **and** indicate in this box: ☐ Management plan attached.

### 2. Medications:

(a) General – I give permission for my child to be administered the following pain and allergy relief medication(s) if required: ☐ Paracetamol ☐ Ibuprofen ☐ Antihistamine

(b) Particular – Please indicate whether your child is taking any form of regular medication:

☐ My child is **not** taking any regular form of medication

☐ My child **is** taking the following regular medication: \_\_\_\_\_

and I have attached a separate detailed medication management plan.

**Note:** It is not the responsibility of any Alta-1 staff to administer any medication by injection.

### 3. Emergencies:

I give permission for Alta-1 staff to seek medical attention for my child should it be necessary, and release to you the following details:

- Medicare number: \_\_\_\_\_ Line number: \_\_\_\_\_ Expiry date: \_\_\_\_\_
- Emergency day contact – Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Emergency night contact – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT TRANSPORT ARRANGEMENTS

It is important that the College is fully aware of transport arrangements for students to and from school so that it can properly dispose its duty of care to students. Please tick the box that reflects the arrangement that you have in place for getting your child to and from school. Please provide further information if none of the options below are applicable.

- ☐ I drop my child off each morning and pick my child up each afternoon
- ☐ My child requires a pick up and drop off at the Caboolture Train Station each day
- ☐ My child makes their own way to and from school each day
- ☐ There is an alternative arrangement in place for my child (*please provide details*)

Details:

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## STUDENT SUPPORT SERVICES



### Consent for student to see Alta-1 College Psychologist/Counsellor/Affiliated Clinical Psychologist

I, \_\_\_\_\_, (Name of Parent/Guardian) hereby give permission

to Alta-1 College for my child, \_\_\_\_\_ (Name of Student), to be seen by the Alta-1 College Psychologist, Counsellor and/or Affiliated Clinical Psychologist. By signing this consent form, I have read and agree to the following:

- I understand that these services will incur no additional costs to myself.
- I understand that my child is under no obligation to see the clinical psychologist, Alta-1 psychologist or counsellor and once services have begun, my child may terminate these services at any stage without negative repercussions.
- The services provided include psychological assessments for screening of student wellbeing; diagnostic assessments to apply for Education Adjustment Program funding; ongoing therapeutic support as and when requested by parents/guardians or Alta-1 staff.
- I understand that due to legal and ethical requirements to keep accurate records, the clinical psychologist, Alta-1 psychologist or counsellor may use various methods such as audio recording and written notes.
- Any and all records of the consultations are confidential and remain the property of Alta-1 College, except in the following circumstances:
  - The material is subpoenaed by court; or
  - Failure to disclose certain information would place the student or another person at serious and imminent risk; or
  - Prior approval has been obtained from the student to discuss certain information with another person or provide a report to another professional or agency.
- I undertake responsibility to ensure my child attends booked appointments and to cancel appointments with sufficient notice when my child is unable to attend.
- I understand that my child's personal information will be kept private and will be used solely for purposes of contact with the clinical psychologist, Alta-1 psychologist or counsellor.
- I understand that these services are only available while my child is enrolled as a student of Alta-1 College and will thus cease once my child is no longer enrolled at Alta-1 College.

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## LETTER TO DOCTOR / SPECIALIST



Dear Doctor / Specialist,

Alta-1 College QLD is a multi-sited Special Assistance School that provides alternative education to 15 to 19 year old students who are educationally disengaged. In appropriate circumstances the College applies for external funding for individual students, in order to provide them with the best educational and therapeutic resources to assist their re-engagement with education and to promote their personal recovery. These funding applications require documented evidence of a student's mental health and/or medical conditions from a relevant health professional.

Typically, students are enrolled into Alta-1 College QLD because they have been unsuccessful in mainstream schooling as a result of personal issues that have impacted their educational engagement. Students may have been excluded from their former schools and some are referred by external support agencies. Many of the students coming to Alta-1 College are dealing with ongoing mental health or medical conditions.

The student presenting to you has applied to enrol at Alta-1 College QLD. For the college staff to be able to provide appropriate support to the student and access additional funding through State and Federal programs, we request a comprehensive letter describing the student's current mental health and/or diagnostic status.

In your letter, please state the following:

- ☐ The name of the student
- ☐ A statement about the student's current mental health condition and whether the student has a verified or imputed diagnosis
- ☐ Anticipated length of diagnosis
- ☐ Any medication the student is currently prescribed
- ☐ Description of how the student's current mental health condition has (or may have) impact the student's ability to attend school
- ☐ Any type of support the student is receiving (counselling, psychologist, other support agencies)
- ☐ Other relevant supporting documents, such as an updated mental health plan

Yours sincerely,

Matthew Vandepeer  
Principal



## AUTHORITY TO SHARE AND RELEASE INFORMATION

Important information pertinent to your young person is requested to that we can determine how Alta-1 College QLD can best support the student. All information will be kept strictly confidential. Please complete the form below which is asking you to give permission for previous schools and other organisations to release information to Alta-1 College QLD.

Previous School/s	Year Levels	Years Attended

Support Services	Name of Doctor/Agency/Service	Address & Phone Number
Medical Specialist		
Psychologist/ Psychiatrist Counsellor/ Mental Health Services		
Speech Pathologist		
Occupational Therapist		
Other		

### Parent/Guardian authorisation:

I hereby authorise Alta-1 College QLD to correspond with relevant organisations (including but not limited to schools, professionals, support agencies, etc.) regarding my child/ward, and for those organization to release any information regarding my child/ward to Alta-1 College QLD.

***All information will be kept in the strictest confidence in accordance with the college's Privacy Policy.***

Parent/Guardian Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



## MEMORANDUM OF AGREEMENT

1. I/we acknowledge that the Alta-1 College program is designed to provide a full-time development and education program under the *School Education Act (1999)* (and any amendment to successor legislation).
2. I/we acknowledge that I/we are jointly and severally liable for any contributions stated in each school account relating to the child covered under this application, payable upon receipt of invoice. Arrangements can be made to pay these fees and charges on a weekly basis. I/we agree that if I/we are unable to pay the contributions in full by the time determined that I/we will contact the Administration Office to make alternative arrangements.
3. I/we acknowledge the Christian basis of Alta-1 College. I/we understand that while students are never forced to adopt a particular belief and value system, the Alta-1 College program is delivered from a predominantly Christian perspective. I/we consent to my/our student receiving Christian instruction and, if consented to by my/our student, receiving and/or participating in prayer.
4. I/we irrevocably indemnify Alta-1 College and its representatives against all claims in cases of unforeseen personal injury, or loss of any personal property, at any Alta-1 College site or during any approved activity, including camps, excursions and work placements.
5. I/we understand that due to the unique nature of the Alta-1 College Recovery Curriculum, all students will be placed on Individual Education/Documented Plans, written against their chosen educational pathway.
6. I/we consent to Alta-1 College and its employees administering medication or obtaining medical treatment for the student in the event of an emergency or accident.
7. I/we understand that as part of Alta-1 College program there will be times when staff will take groups of students on impromptu excursions. The excursions may contribute to the educational program or be used to assist in creating a sense of connection with the students. Such excursions may be to places such as a fast food restaurant for food and a chat, or to sites of more explicit educational value such as a museum. As such, I/we give permission my/our child to participate in such excursions and for staff with the appropriate driver's license to use school (and on rare occasions, private) vehicles to transport my/our child.
8. I/we understand that as part of the Alta-1 College educational program, from time to time staff members will screen movies and DVD's carefully chosen for their contribution to the program which, at times, may carry an M, or on rare occasions an MA rating, for which I/we give my/our permission for my/our child to view.
9. I/we understand that Alta-1 College offers a voluntary Student Therapeutic Services program, as detailed in the Parent Handbook. I/we give permission for my/our child to participate in this program, on the understanding that I/we can withdraw this permission at any time by contacting the Alta-1 College Administration Office.
10. I/we understand that from time to time my student may have interaction with Alta-1 College staff members outside of school hours through mentoring, church, youth group or other such events. I understand this interaction is purely voluntary. I also understand in such hours of interaction Alta-1 College staff members may drive my student either in a private or Alta-1 College vehicle, at which times it will be expected that Alta-1 College staff members continue to abide by relevant Alta-1 College policies.
11. I/we accept that if my/our student fails to demonstrate satisfactory progress in the program a panel will meet to discuss our future in the Alta-1 College program, and we agree to accept and not challenge in any way the decision of the panel as to whether we are to be permitted to remain involved in the program, the conditions under which my/our student will be permitted to remain, or whether my/our student is required to cease all involvement in the program.
12. I/we confirm that all information provided regarding my/our child's enrolment is accurate and complete, and all relevant documents have been provided in accordance to the Application Checklist. I/we understand that failure to provide accurate and/or complete information may render this Memorandum of Agreement null and void.
13. I/we have read, understood and agree to abide by the above conditions of this Agreement. I/we consent to all approvals of this application.

Parent/Guardian 1 Signature: \_\_\_\_\_ Parent/Guardian 2 Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Principal Signature: \_\_\_\_\_

## CONSUMABLES CONTRIBUTION (LEVY) INFORMATION

Dear Parent/Guardian,

Thank you for entrusting Alta-1 College QLD with the education of your child/dependent.

Many independent schools charge school fees, however Alta-1 College QLD does not do so at the present time. Nonetheless the College does ask parents/guardians for a financial contribution towards items that are consumed in the day to day of their child's education. This contribution by parents and guardians is called a Consumables Contribution (or Consumables Levy).

To provide some insight, the following list details some of the items that are covered by the contribution:

- Stationery & student learning materials (e.g. pens, pencils, rulers, calculators, glue sticks, exercise books, journals, textbooks, reading materials)
- Paper and printing
- Some kitchen/electrical appliances (e.g. students have access to kettles, microwave, toaster, fridge/freezer)
- Fuel (e.g. fuel for regular student outings and excursions)
- Food (e.g. staples that are supplied by the College for all students)
- The cost of running Afternoon Electives for students

The contribution is also used to supplement costs for the enrolment of students in various aspects of the College program. Student participation in the Duke of Edinburgh Award and the Certificate II in Skills for Work and Vocational Pathways all has associated registration fees that the College supports.

**The Consumables Contribution is \$103 per student per term. Across 40 school weeks it equates to a modest \$10 per week.**

The best way that you can pay the contribution is by Direct Debit. Alternatively, you can speak with a member of the College Administration who can assist you with other payment options.

For your benefit there is a Direct Debit Request Form on the following page.

It is important to note that financial hardship should not prevent any young person from attending Alta-1 College QLD and no young person will be denied an Alta-1 College education because of a family's genuine inability to pay the Consumables Contribution.

Applications for assistance with the Consumables Contribution should be made in writing to:

The Principal - Matthew Vandeppeer  
Alta-1 College QLD  
PO Box 388  
CABOOLTURE, QLD, 4510

Or Email: [admin@alta-1.qld.edu.au](mailto:admin@alta-1.qld.edu.au)

Thank you for your continuing commitment and contribution to Alta-1 College QLD.

Yours sincerely,



Matthew Vandeppeer  
Principal

## DIRECT DEBIT REQUEST

---

### Request and Authority to debit the account named below to pay Alta-1 College (QLD) Ltd

---

#### Request and Authority to debit

Your Surname or company name \_\_\_\_\_

Your Given names or ABN / ARBN \_\_\_\_\_ "You"

Student/s full name \_\_\_\_\_ Site: \_\_\_\_\_

request and authorise **Alta-1 College (QLD) Ltd and User ID: 529157** to arrange, through its own financial institution, a debit to Your nominated account any amount **Alta-1 College (QLD) Ltd**, has deemed payable by You.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your account held at the financial institution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

---

#### Insert the name and address of financial institution at which account is held

Financial institution name \_\_\_\_\_

Address \_\_\_\_\_

---

#### Insert details of account to be Debited

Name/s on account \_\_\_\_\_

BSB number (Must be 6 Digits) \_\_\_\_ - \_\_\_\_

Account number \_\_\_\_\_

☐ Weekly ☐ Fortnightly ☐ Monthly **(Please tick appropriate payment frequency)**

---

#### Acknowledgment

By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between You and **Alta-1 College (QLD) Ltd** as set out in this Request and in Your Direct Debit Request Service Agreement

---

#### Insert Your signature and address

Signature \_\_\_\_\_  
(If signing for a company, sign and print full name and capacity for signing eg. director)

Address \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

---

#### Second account signatory

(if required)

Signature \_\_\_\_\_  
(If signing for a company, sign and print full name and capacity for signing eg. director)

Address \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ConnectEd Program STUDENT CODE OF BEHAVIOUR



This code provides a framework within which Alta-1 College students can develop (as part of their journey of personal recovery) behaviours that will prepare them for life and employment within the wider community. This code outlines the behavioural expectations of students at school, travelling to and from school and when attending school events and excursions.

Students are expected to:

- Demonstrate a commitment and willingness to change
- Commit to regular school attendance
- Engage with all aspects of the Alta-1 program and curriculum
- Obey all campus and classroom rules
- Follow the directions and instructions of all college staff
- Show courtesy and respect to all members of the college community
- Consider the safety and welfare of themselves and others
- Act and work co-operatively with others
- Resolve conflict respectfully, calmly and fairly
- Not bully, harass, intimidate, put down or discriminate against anyone at school
- Respect the property of the college and others
- Never bring weapons, illegal recreational drugs or alcohol to school
- Refrain from using offensive language
- Wear modest clothing that does not display offensive symbols or language

I have read, understand and accept the behavioural expectations of a student who has chosen to enrol at Alta-1 College.

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



## ConnectEd Program OUT-OF-CLASS PARENT / GUARDIAN AGREEMENT

I understand that the Alta-1 College ConnectEd Program is a partnership between Alta-1 College (the educational program provider) and me, the parent/guardian of:

Student Name: \_\_\_\_\_

As such, I agree to undertake the following responsibilities as my side of the partnership: (please tick)

- ☐ I agree to share the duty of care responsibilities for my child with the school during the period of his/her enrolment within the ConnectEd Program.
- ☐ I will provide a safe and open space in my home that is set up to be suitable for study.
- ☐ I will provide a computer with internet connection that can access the Alta-1 Education ConnectEd teaching and learning program.
- ☐ I understand that Alta-1 College is in no way responsible for my child's activities on my home computer or the internet other than to the extent necessary to participate in the Alta-1 College ConnectEd Program.
- ☐ I will endeavour to ensure that my child commits a minimum average of 26 hours each week to actively engage with the ConnectEd program.
- ☐ I will be physically present in the same house with my child and will supervise him/her for the entire time whenever he/she works on the ConnectEd Program.
- ☐ I will faithfully and accurately maintain the ConnectEd Supervisor's Timesheet provided for me as proof of the weekly hours devoted to the program by mychild.
- ☐ I will disclose to staff upon enrolment, and throughout the duration of enrolment information relating to any person who might enter or live in the home the chaplain visits will occur, who might pose a risk to Alta-1 College staff.

I understand that the continuing enrolment of my child in the program is subject to these commitments being consistently met.

I further understand that, as its side of the partnership, Alta-1 College will provide:

- ☐ A curriculum comprised of on-line and workbook-based teaching and learning materials.
- ☐ An Individual Education Plan designed around the specific learning needs of my child.
- ☐ Regular access to and contact with an on-line available College teacher.
- ☐ Face to face pastoral care from a ConnectEd Chaplain.
- ☐ Semester reports on my child's progress.

As such, acknowledging the vital importance of the pastoral care and social interaction aspects of the Alta-1 College ConnectEd Program, I agree to fully support the school in the following manner:

The ConnectEd Chaplain is welcome to visit my child in our place of residence weekly for a minimum of two hours as part of the Alta-1 course in Personal Recovery and Community Building, during which time I will remain present in the residence to ensure a safe environment for everyone concerned.

- ☐ I undertake to provide a safe working environment for the Alta-1 College staff member during home visits, including refraining from smoking, or permitting others to smoke, during those times and ensuring anything that might pose a danger to staff (e.g. pets) are removed to a secure location, for the duration of home visits.
- ☐ If my home has had people smoking within it, I will provide a place outside for my child and Alta-1 College staff to meet or, Alta-1 College staff will take student to another venue for the duration of the visit.
- ☐ My child has my permission to participate in away-from-home excursions and social activities deemed appropriate and organised by the ConnectEd Chaplain, in consultation with me.
- ☐ I will encourage my child to attend Alta-1 College for the weekly 2-hour tutoring session as arranged by the teacher.

I indemnify and hold harmless Alta-1 College to the maximum extent permitted by law for any loss, damage, injury or expense arising directly or indirectly from or in any way related to my child's participation in the Alta-1 College ConnectEd Program or the use of my home computer and internet connection to participate in the Alta-1 College ConnectEd Program, whilst my child is under my supervision.

Parent/Guardian Name: \_\_\_\_\_ Alta-1 Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



**ConnectEd Program**  
**STUDENT TRANSPORT - PRIVATE VEHICLE PERMISSION FORM**



Upon enrolment in the Alta-1 College ConnectEd Program, parents/guardians agree to the following conditions:

I/we understand that as part of the Alta-1 College program there will be times when staff will take groups of students on impromptu excursions. The excursions may contribute to the educational program or be used to assist in creating a sense of connection with the students. Such excursions may be to places such as a fast food restaurant for food and a chat, or to sites of more explicit educational value such as a museum. As such, I/we give permission for my/our child to participate in such excursions and for staff with the appropriate driver's license to use school (and on rare occasions, private) vehicles to transport my/our child).

When transporting students as part of this agreement, Alta-1 staff members are instructed that they must never travel alone in a vehicle with a student of the opposite sex.

Due to the nature of the Middle/Senior School ConnectEd Program, however, there may be times when a staff member needs to travel alone in a vehicle with a student of the opposite sex. As such, we are requesting that you give your permission for this to occur by completing this form in the relevant spaces below. On any occasion when this does occur your child must:

- Occupy the rear passenger seat of the vehicle
- Sit in the space diagonally behind the driver, and
- Wear a seatbelt at all times.

I \_\_\_\_\_ (parent/guardian name) give permission for my  
child \_\_\_\_\_ (name of student) to travel in a vehicle with an  
Alta-1 College ConnectEd Chaplain under the terms outlined above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ConnectEd Program**  
**LUNCH BREAKS OFF CAMPUS**



The ConnectEd Campus operates differently to a standard Alta-1 College campus. Students have an individual program and timetable and are expected to attend different sessions during the week based on their stage of progress in the program. Students are welcome to attend the campus between 10:00am-2:00pm any day but will only receive staff support if available on untimetabled days.

Each day there is a break between sessions from 12:00pm-12:30pm. Although we do allow students to operate as 'young adult learners' where they can have breaks and food as needed, if students would like to leave the campus for the purpose of buying lunch, we ask that they do so during that 12:00pm-12:30pm break time.

With parent/carer permission, students are permitted to leave campus and make meal purchases at nearby shops and restaurants independently. It is assumed that during this time, students behave safely and appropriately. As students are off campus and unsupervised by College staff, parents/guardians must be confident that this is appropriate for their young person. The College cannot accept responsibility for anything that happens to the student while off site.

The option to leave campus for purchases at local businesses is only extended to students who are 16 years of age or have government recognised independent status.

If you give permission for your child to leave the campus during break times, please sign the declaration below. Please do not hesitate to contact me if you have any questions or concerns.

Yours sincerely,  
Michelle Ferguson  
ConnectEd Teacher

-----  
**Declaration:**

I, \_\_\_\_\_, give permission for my child  
\_\_\_\_\_ to leave the ConnectEd Campus between 12:00pm-12:30pm for the  
purpose of purchasing food/lunch.

I acknowledge that there are risks associated with this and accept my responsibility in this.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SOCIAL MEDIA AND DIGITAL TECHNOLOGIES ACCEPTABLE USE AGREEMENT



### Student Declaration:

When I use digital technologies, social media sites, and the internet at Alta-1 College I agree to be a safe, responsible and ethical user at all times by: (please tick)

- ☐ Never participating in online bullying.
- ☐ Protecting my privacy by not giving out personal details, including my full name, telephone number, address, passwords and images.
- ☐ Protecting the privacy of others by never posting or forwarding their personal details or images without their consent, and not "tagging" myself or fellow students in photographs shared on the social media group page.
- ☐ Not interfering with network systems and security, the data of another user or attempting to log into the network with a username or password of another student, or allow other students to use my network/internet account.
- ☐ Not disabling settings for virus protection, spam or filtering that have been applied by the school and not attempting to avoid them by use of proxy sites.
- ☐ Talking to a teacher or a trusted adult if I personally feel uncomfortable or unsafe online.
- ☐ Talking to a teacher or a trusted adult if I see others participating in unsafe, inappropriate or hurtful online behaviours.
- ☐ Handling ICT devices with care and notifying a teacher of any damage or required attention.
- ☐ Not bringing to school or downloading unauthorised programs, including games, bit-torrent or file sharing software (this list is not exhaustive), or downloading unauthorized programs, including games, inappropriate pictures or inappropriate content including offensive, abusive, or discriminatory comments; sexually explicit or sexually suggestive material or correspondence.

In addition, when I use my personal mobile devices (including my phone) I agree to be a safe, responsible and ethical user at all times by: (please tick)

- ☐ Handing my device to the teacher during class times; only making or answering calls or messages outside of lesson times.
- ☐ Respecting the privacy of others; only taking photos or recording sound or video when others are aware and give consent.
- ☐ Respecting others and communicating with them in a supportive manner, including outside school hours and in social contexts by not making harassing phone calls/text messages or forwarding on messages.
- ☐ Obtaining appropriate consent from individuals who appear in images or sound and video recordings before forwarding them to other people or posting/uploading them to online spaces.

### Parent / Guardian Agreement:

I/we have discussed this agreement with my/our child and we agree to uphold the expectations of the College in relation to the use of electronic devices and services both at school and, where relevant, outside of school.

We understand that a breach of this agreement will incur consequences according to the College Behaviour Management Policy and that we will be responsible for replacing or repairing college owned laptop computers and other devices that may be damaged or stolen while in my care.

Parent/ Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

### Student Agreement:

I have read and discussed this agreement with my parent/guardian and I agree to be a cybersafe student and always uphold these conditions both within and outside of school.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

# ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

PHOTO OF STUDENT  
(OPTIONAL)

Plan date  
\_\_\_\_/\_\_\_\_/20\_\_\_\_

Review date  
\_\_\_\_/\_\_\_\_/20\_\_\_\_

## MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

## DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

- ☐ Cough  
☐ Wheeze  
☐ Difficulty breathing  
☐ Other (please describe): \_\_\_\_\_

Frequency and severity:

- ☐ Daily/most days  
☐ Frequently (more than 5 x per year)  
☐ Occasionally (less than 5 x per year)  
☐ Other (please describe) \_\_\_\_\_

Known triggers for this student's asthma  
(e.g. exercise\*, colds/flu, smoke) —  
please detail: \_\_\_\_\_

Does this student usually tell an adult if s/he is having trouble breathing?

☐ Yes

☐ No

Does this student need help to take asthma medication?

☐ Yes

☐ No

Does this student use a mask with a spacer?

☐ Yes

☐ No

\*Does this student need a blue/grey reliever puffer medication before exercise?

☐ Yes

☐ No

## MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

### DOCTOR

Name of doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PARENT/GUARDIAN

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

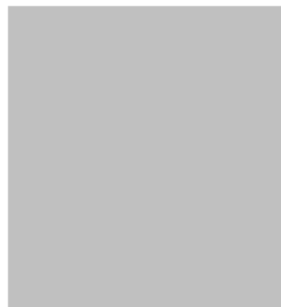
For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit [asthma.org.au](http://asthma.org.au)



# ACTION PLAN FOR Allergic Reactions

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Confirmed allergens:

Family/emergency contact name(s):

1. \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

2. \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Note: This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector. For instructions refer to the device label or the ASCIA website [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

Adrenaline injectors are given as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

## SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Give antihistamine (if prescribed) \_\_\_\_\_
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

## WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Difficulty talking or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling or tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

## ACTION FOR ANAPHYLAXIS

### 1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



### 2 GIVE ADRENALINE INJECTOR IF AVAILABLE

### 3 Phone ambulance - 000 (AU) or 111 (NZ)

### 4 Phone family/emergency contact

### 5 Transfer person to hospital for at least 4 hours of observation

### IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

**ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

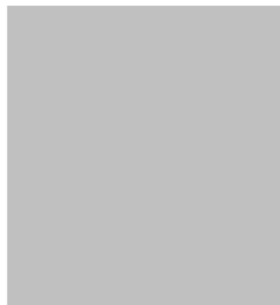


# ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) injectors

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Confirmed allergens: \_\_\_\_\_

Family/emergency contact name(s):

1. \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

2. \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by doctor or nurse practitioner (np): \_\_\_\_\_

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Refer to the device label for instructions on how to give an adrenaline (epinephrine) injector.**

Instructions are also on the ASCIA website  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

Adrenaline injectors are prescribed as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

## SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline injector
- Give antihistamine (if prescribed) \_\_\_\_\_
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

## WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

## ACTION FOR ANAPHYLAXIS

### 1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



### 2 GIVE ADRENALINE INJECTOR

### 3 Phone ambulance - 000 (AU) or 111 (NZ)

### 4 Phone family/emergency contact

### 5 Further adrenaline may be given if no response after 5 minutes

### 6 Transfer person to hospital for at least 4 hours of observation

### IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

**ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.