

Setting up a medical profile on PAM

1. When you log into PAM you will see the following screen.

Students

Show Inactive Students

Your Student's name and photo

Knowledge Bank

Annual Review
Careers
Community Service
Computing Tutorials for All
eSMART STUDENTS
eSMART TEACHERS
Music
Parent Information
Sports
VCE Information for Students
VCE Subject Presentations

School Links

eSmart
eSafety
Yr7 Digital Licence
Career Links
Careers Website
Staff Email Addresses
Staff Email Addresses
Newsletter
Newsletter

Daily Messages

Prayer

In the name of the Father, and the Son and Holy Spirit. Amen. Creator God. Through your hand and through your Word, you have given us life and given life to all our world. You call us to be stewards and co-creators. Awaken within us a deep respect for where we walk. Help us to tread lightly on this land and to cherish the gifts endowed upon us. We make this prayer through the Holy Spirit, who has moved in this world for all time. In the name of the Father, and the Son and Holy Spirit. Amen.

ACC Junior Golf

Any student in years 7-10 with an official golf handicap please email Mr Milverton with your name and handicap and golflink number if you wish to be considered for selection in the squad.

Calendar

Wednesday		September 12, 2018
all-day	ACC Cross Country	
Friday		September 14, 2018
all-day	Edmund Rice - 11 Business Management (HBM0222B) (AT) Project: The Pitch Due	

- To access the Medical Profile, click on your son's name.
- This will bring up a screen that has this as part of it.

Your Student's name and photo

Personal Details

Student Timetable

Behavioural Tracking

Attendance

Assessment Reports

Commendations

Letters

Booklist

Learning Areas

Medical Profile

- To enter Medical Information click on the link Medical Profile.
- This will open up a new screen with a series of questions that must be answered to complete it fully.

6. The first section is the General section. Anything marked with a red asterisk must be completed.

Medical Details

- GENERAL
- CONTACTS
- MEDICAL CONDITIONS
- MENTAL HEALTH
- EMERGENCY & GENERAL INFORMATION
- MEDICAL HISTORY
- SAVE RECORD

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GENERAL

Please take a few minutes to complete this medical form. All fields and yes/no options are required.

GENERAL

Medicare no * Expiry Date * Line Number *

* required * required * required

Health Care Card Holder *

Yes No

* required

Ambulance Cover *

Yes No

* required

Private Health *

Yes No

* required

MEDICAL CONTACTS (OPTIONAL)

[+ Add contact](#)

No contacts added

7. The next section is Medical Conditions. Once again all need to be answered Yes or No.

MEDICAL CONDITIONS

Allergic - anaphylotio * Yes No * required

Allergic - non-anaphylotio * Yes No * required

Asthma * Yes No * required

Diabetic * Yes No * required

Epilepsy/Seizures * Yes No * required

Eczema/skin condition * Yes No * required

Dietary Requirements * Yes No * required

Joint/muscle/bone condition * Yes No * required

Blood Disorders * Yes No * required

Heart Condition * Yes No * required

Migraines * Yes No * required

Travel Sickness * Yes No * required

Hearing impairment * Yes No * required

Sight impairment * Yes No * required

Sleep Walking * Yes No * required

Bed Wetting * Yes No * required

Other Conditions * Yes No * required

Some of these will ask for more information if Yes is clicked on.

✓ Asthma *

Yes No

If ****YES****, additional details ****MUST**** be completed.

Triggers:

Have you been hospitalised in the last 12 months due to asthma?:

Asthma Medication:

Yes No

Prevention Medication:

Relief Medication:

Asthma Management/Action Plan - must be uploaded:

As you can see for Asthma, you are asked to enter what triggers their Asthma, what, if any, medication your son uses and if there is an Action Plan, you are asked to scan this and upload it onto the profile.

This happens for a number of the conditions and it is vitally important that all relevant information is included for your son's safety.

8. The next section is Mental Health and it will also ask for treatment information if Yes is ticked.

MENTAL HEALTH

Anxiety *

Yes No
*** required**

Depression *

Yes No
*** required**

Eating Disorder *

Yes No
*** required**

Panic Attack *

Yes No
*** required**

Phobia *

Yes No
*** required**

Sleep Disturbance *

Yes No
*** required**

Other (please specify) *

Yes No
*** required**

✔ Anxiety *

Yes No

Treatment:

Once again, please put in as much information as needed to allow us to properly manage your son.

9. The last section is general medical information and consent. Once again, all sections must be answered

EMERGENCY & GENERAL INFORMATION

Paracetamol Consent *

Yes No
*** required**

Blood Transfusion Consent *

Yes No
*** required**

Provide Blood Group *

Yes No
*** required**

Can Swim 50m *

Yes No
*** required**

Last tetanus immunisation *

Yes No
*** required**

MEDICAL HISTORY

I confirm that the above details are true and up to date, and that these details will be available to school teachers and staff.

*** required**

Save Details

* Unable to Save Details until all required fields have been updated.