

Medical Form 1

Student's Name _____

Home Address _____

Date of Birth _____

Mother's/Guardian's Name _____

Father's/Guardian's Name _____

Address, if different from above _____

Home Telephone Number _____

Mother's/Guardian's Mobile _____ **Work** _____

Father's/Guardian's Mobile _____ **Work** _____

Name, Address and telephone number of GP _____

Date of student's entry to school _____ **Class** _____

Medical Condition

Name of Condition _____

When was the condition diagnosed? _____

What are the symptoms? _____

What conditions or situations could normally put your son/daughter at risk? _____

What is the prognosis? _____

How was the student supported in primary school? _____

Is the student on medication? _____

Is s/he able to manage the administration of this independently? _____

Is it necessary for the student to carry medication on his/her person or in his/her schoolbag? _____

If not, please advise school on storage of medicines _____

Does the condition require the school to have any special equipment, storage facilities or other supports? _____

I/We understand that the school will not take responsibility for the administration of any medicines to our son/daughter.

Mother's/Guardian's signature _____ Date _____

Father's/Guardian's signature _____ Date _____