

MEDICAL INFORMATION FORM

READ CAREFULLY

5 February 2019

Dear Parents

It is imperative that ***detailed, accurate*** information is given regarding your child's medical health. Any medical condition listed below must be **ongoing, DIAGNOSED BY A DOCTOR AND INCLUDE SUPPORTING DOCUMENTATION ie A SIGNED ACTION PLAN/MEDICAL CERTIFICATE.**

Minor ailments that will not impede normal school activities, such as eczema or asthma puffers for occasional coughs, are not required to be reported on this form. Medical conditions that require medication before/after school are also not required to be listed. There is a separate **MEDICAL ADMINISTRATION PERMISSION FORM** for ailments that are short term and have prescribed medication, which is required to be administered during school hours. *eg antibiotics.*

If your child has had a severe reaction to peanuts or a bee sting and has medication prescribed, but has not been given an epipen, write this on the form below and bring the prescribed medication, labelled with your child's name to the school office.

It is requested that you sign the form each year, even if your child has no medical condition. This is to ensure that all parents have sighted this document. *If there is no change in your child's general health from the form you filled in last year, please PRINT THE FAMILY NAME, sign the form and write "as per last year". If your child has "no medical condition" please PRINT THE FAMILY NAME write "No Medical Condition" across the form and sign.*

FOR THE SAFETY OF THE CHILDREN PLEASE RETURN THIS FORM TO YOUR CHILD'S CLASSROOM TEACHER BY FRIDAY 15 FEBRUARY 2019.

Your prompt attention to this matter would be greatly appreciated.

Kerry Hewitson
Principal

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Name of child:

Class.....

Medical Condition: (Please give full details):
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.....

Procedure to follow (if any):
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Medic Alert

If your child has an Anaphylaxis Management Plan please tick the Medic Alert Box

FAMILY NAME: PLEASE USE BLOCK CAPITALS: _____

SIGNED (PARENT / GUARDIAN _____