

STUDENT MEDICAL CONDITION MANAGEMENT PLAN

This form is to be completed by the Parents/Guardians if possible in consultation with the family doctor.

IF YOUR CHILD HAS A MEDICAL CONDITION THIS FORM WILL NEED TO BE COMPLETED ON ENROLMENT.

NAME OF STUDENT.....Date of Birth.....

PARENT'S /GUARDIAN'S NAME.....

HOME TELEPHONE NUMBER.....WORK NUMBER.....

EMERGENCY CONTACT(Name).....PHONE.....

DOCTOR'S NAME.....PHONE.....

Ambulance subscriber: Yes/No Medicare Number.....

MEDICATION REQUIRED AT SCHOOL OR ON SCHOOL ACTIVITIES

NAME.....DESCRIPTION.....

STORAGE REQUIREMENTS (eg fridge).....

DOSAGE (ie amount & how often).....

MEDICAL CONDITION.....
.....

CONDITION DESCRIPTION.....
.....

WHAT ARE THE SYMPTOMS OF THIS CONDITION WORSENING IN YOUR CHILD
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.....

EMERGENCY ACTION PLAN

The medical treatment and action needed if the student's condition deteriorates:

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