

# MEDICAL CONDITION – DETAILS FORM



Student Name \_\_\_\_\_ Class \_\_\_\_\_

Name of Condition \_\_\_\_\_

Cause \_\_\_\_\_

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Symptoms \_\_\_\_\_

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Treatment (please include details if / when an ambulance should be called)

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Is medication required  yes  no

If yes please provide a 'Request to Administer Medication at School' form completed by medical practitioner.

Follow up treatment:

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Doctor \_\_\_\_\_ Phone No \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

