



MEDICAL INFORMATION FORM

1 February 2013

Dear Parents

We are currently updating the medical records for all students.

It is imperative that ***detailed, accurate*** information is given regarding any medical condition relating to your child.

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 write across the form "as per last year". If your child has "no medical condition" please write this across your form and sign.***

Please return this form to your child's classroom teacher, by ***Friday 10 February***.

Your prompt attention to this matter would be greatly appreciated.

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Greg Green
Principal

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Name of child:Year.....

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

A SEPARATE MEDICAL FORM RELATING TO THIS MEDICAL CONDITION NEEDS TO BE COMPLETED. THIS FORM MUST BE COLLECTED FROM THE SCHOOL OFFICE.

Family Name: PLEASE USE BLOCK CAPITALS: _____

Signed (Parent / Guardian)