# Student Medical Record

**SECTION A**  
*All families are asked to complete this section*

<table>
<thead>
<tr>
<th>Child’s general health</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ good</td>
<td>□ fair</td>
<td>□ poor</td>
</tr>
</tbody>
</table>

Preferred Doctor:  

Does the child have an ongoing medical condition?  

<table>
<thead>
<tr>
<th>□ yes</th>
<th>□ no</th>
</tr>
</thead>
</table>

If YES - please complete Section B

If NO – please go to the bottom of the form, add your signature and the date and return it to the school office.

## SECTION B

### 1. DESCRIPTION OF THE CONDITION:

- Name of the condition/illness:  
- Obvious symptoms:  
- Causes (if applicable):  
- School considerations *(eg in planning physical activity, camps, excursions, kitchen or laboratory activities, or anticipated interruptions in attendance)*

### 2. MEDICATION AND TREATMENT

*If supervision of medication is required during school time, a specific Medication Card will be sent home to you for completion by you and your child’s doctor.*

Medication required at school:  

<table>
<thead>
<tr>
<th>□ yes</th>
<th>□ no</th>
</tr>
</thead>
</table>

### 3. EMERGENCY FIRST AID

If a child becomes ill or is injured while at school, staff will administer basic first aid and call an ambulance if necessary, and contact parents.

**If you anticipate this child/student will require anything other than this standard first aid response,** please provide detailed written instructions for school staff so special arrangements can be discussed.

### 4. ENDORSEMENT

I have read and understood this information.

I approve the release of this information to school staff responsible for my child’s safety and emergency personnel called to transport my child to hospital.

I understand it is my responsibility to ensure this information is up dated as necessary.

Parent/Guardian name:  

Signature:  

Date:  

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\Ad/Shared/Admin/Web Documents/Student Medical Record.Doc, 15/09/09