

CONFIDENTIAL

NARACOORTE SOUTH PRIMARY SCHOOL STUDENT MEDICAL RECORD

Student Name:

Date of Birth:

SECTION A

All families are asked to complete this section

Child's general health good fair poor

Preferred Doctor:

Does the child have an ongoing medical condition? yes no

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: yes no

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: