



## MEDICAL ADVICE TO SCHOOL

As the information on the Essential Information Form indicates your child has a medical condition, we would like you to complete the following:-

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

I understand that the Principal of the school may discuss this information with other members of the school staff in order to assess the ability of the school to meet the child's medical requirements.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

- Medical condition/s of child –

(A) \_\_\_\_\_

(B) \_\_\_\_\_

(C) \_\_\_\_\_

- Is the above condition      Mild       Severe       Chronic

\_\_\_\_\_

- Recommended restrictions on participation in school activities (e.g. sport, physical education, use of equipment).

\_\_\_\_\_

- Recommended procedures in crisis situation (e.g. asthma attack, seizure).

\_\_\_\_\_

- Additional information regarding management of child's medical condition.

\_\_\_\_\_