** Please record any MEDICAL details on the reverse side of this form
STUDENT/s MEDICAL CONDITION

**ONLY** complete this page if your child has a current medical condition such as:
ASTHMA, DIABETES, EPILEPSY, ANAPHYLAXIS, SEVERE ALLERGIES etc

Please describe your child’s medical condition and if any treatment /medication is required **during school hours**?

[Eldest child to Youngest please]

1. STUDENT’S NAME: _______________________________ CLASS: ______

2. STUDENT’S NAME: _______________________________ CLASS: ______

Please describe your child’s medical condition and if any treatment is required **during school hours**?

3. STUDENT’S NAME: _______________________________ CLASS: ______

Please describe your child’s medical condition and if any treatment is required **during school hours**?