



STOP !

Thank you for downloading the Preston Primary School **Medical Conditions** form.

Please follow these instructions :

- **SAVE** this document onto your computer **before completing**.
- We suggest saving the form as your **CHILD'S SURNAME**.
- Make sure you save it when completed.
- **Please EMAIL your completed form** to preston.ps@education.vic.gov.au along with copies of :

The Office is happy to photocopy any documents - please contact us on 9470 1167 if you have any questions.

MEDICAL CONDITIONS



Student Name

Name of student's Medical Condition:	
Symptoms:	
If my child displays any of the above symptoms please: (tick)	
Inform Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inform Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administer Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Medical Action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
Any other Medical Conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:	
Symptoms:	
Is medication taken regularly (preventative) or only in response to symptoms?	
Name and dosage of medication taken:	
Medication is usually administered by:	Indicate how frequently the medication is taken:
Is a reminder required for the student to take their medication? (tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where is the medication stored: (eg Student, Teacher, Sick Bay)	

Parent Name: _____

Signature: _____

Date: _____