



STUDENT MEDICAL INFORMATION

Child's Surname _____ Given Name: _____

Teacher: _____

MEDICAL CONDITION (S)

a. Does this student have any medical condition or health problem that might affect him/her

- in the classroom YES NO

- during PE/Sport YES NO

(examples: vision or hearing problems, convulsions or seizures, asthma or other chest problems, diabetes, allergies or medication)

If you have answered YES to any of the above, what is the nature of the condition? _____

How could it affect the student? _____

What treatment is required? _____

If **ASTHMA** – students using puffers are **required** to have an **up to date** one at school.

b. **Medication (s)**

It is necessary for this student to take **regular** medication at school as part of the treatment for this medical condition?

YES

NO

If you answered YES, please give details. Medications **MUST** be labelled, in its own container, showing written directions from the Doctor or Chemist. Parents must sign "Permission to Administer Medication" form held in the Office. **We encourage medication required to be taken 3 times a day to be taken outside of school hours** ie before school, after school, bedtime.

Name of medication _____

When to be taken and frequency _____

Dose _____ *Possible side effects* _____

It is the responsibility of the parent/guardian (NOT school staff) to prepare respirator or bronchodilator mixtures for use in air pumps. This must be clearly labelled. Where children cannot use the ventilator themselves, parents must make a suitable arrangement with the school.

Date of last Tetanus injection _____

MEDICAL EMERGENCY (S)

Are you aware of any possible medical emergencies which could affect this student? YES NO

If you answered YES,

What is the emergency? _____

How do we recognise this emergency? _____

Has the child's Doctor indicated how it should be treated at school? _____

What immediate action should be taken? _____

What is the Doctor's recommended action? _____

Please Note:

Should the need arise, Braeview School will take appropriate action to ensure the safety and well being of your child. This could include calling an ambulance or consulting the School Doctor. If any such action is required, parents will be notified immediately. Any costs incurred are the responsibility of parents. If St Johns Ambulance needs to be called and parents do not have ambulance cover, a reimbursement can be claimed from DECS through the School.

Signature: _____ Date: _____