MHS MEDICAL FORM

Please complete this form and return to the school.
You will also need to complete the One Page Medical Summary

STUDENT INFORMATION AND CONTACT DETAILS

Name _____

Date of Birth _____

Name of Family Doctor _____

Telephone Number _____

Parent/Guardian 1 _____

Contact numbers _____

Parent/Guardian 2 _____

Contact numbers _____

Other designated contacts _____

Contact numbers for other designated contacts _____

Siblings in school/college _____

_____

MEDICAL CONTACTS

Family Doctor _____

Hospital attended _____

Consultant _____

Other specialist (s) _____

_____

MEDICAL INFORMATION

What medical condition does the student have? _____

_____

_____

Has the medical team(s) advised any limitations on activities? _____

_____

_____

Does the student have an understanding of their condition(s) and treatment? _____

_____

_____

Are there any other special considerations?

ROUTINE MEDICATION

How often does the student take medication each day ?

Is it necessary to take it in school/college and at any specific times?

Who is to be responsible for keeping and administering medication?

Does the medication have any side effects? What are these?

Does the student require emergency medication?

Has the Emergency Medication Protocol included been completed?

If medication is to be given in school during an emergency you must fill in a consent for administration of emergency medication