



St Justin's Parish School

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STUDENT PHOTO GOES HERE

Medical Advice Form

For a student with a health condition

This form should be completed by the student's medical/health practitioner, providing a description of the health condition and first aid requirements for a student with a health condition.

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: _____

Student's Name: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____ Review date for this form: _____

DESCRIPTION OF THE CONDITION

DIAGNOSIS:

SIGNS & SYMPTOMS:

FREQUENCY & SEVERITY:

TRIGGERS (IF APPLICABLE):

POSSIBLE IMPACT ON SCHOOL-BASED ACTIVITIES (LEARNING, PHYSICAL ACTIVITY):

If medication is required please complete the details over the page:

Medication delivered to the school

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form.

Self-management of medication

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

Monitoring effects of Medication

Please note: School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<u>Authorisation:</u>
Name of Medical/health practitioner:
Professional Role:
Signature:
Date:
Contact details:
Name of Parent/Carer or adult/Mature minor**:
Signature:
Date:

If additional advice is required, please attach it to this form

**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](#)).