



St Clare's Catholic High School

A Catholic school of excellence and improvement

MEDICAL ADVICE TO SCHOOL

Student's name: _____ Year level: _____

1. Medical condition(s) of the child.

2. Essential medication requiring administration during school hours: Yes/No. If yes:

Condition	Medication	Dosage	Time/s of Administration	Special Instructions	Self-administration Yes/No

3. Recommended restrictions on participation in school activities (e.g sport, use of tools or machinery):

4. Recommended procedure in crisis situation: (e.g call: parents/000):

5. Additional comments: _____

Signature of parent/prescribing doctor: _____

Date: _____

175 Buckwell Drive HASSALL GROVE 2761/Locked Bag 1412 PLUMPTON 2761

Phone: (02) 9830 2400

Email: clarehassallgrove@parra.catholic.edu.au Web: clarehassallgrove.catholic.edu.au