



# MEDICAL RECORD

*A separate form needs to be returned to school for each of your children. It is essential this is returned to school immediately.*

Surname Name	Christian Name	Class

<b>Does your child suffer from a SEVERE medical condition such as Asthma or Anaphylaxis?</b> <small>(Highlight, circle or tick correct response)</small>	Yes- Asthma	No
	Yes – Anaphylaxis <small>What?</small>	

*If yes please supply a Medical Action Plan from your doctor. Attach to this sheet and return to school as soon as possible. This Action Plan and Medication is the responsibility of the parent so please make sure the office has a record of what is to be administered and ensure it is within its use by code.*

<b>Does your child suffer from asthma?</b>	<b>No</b>	Chronic <small>(Attach Plan)</small>	Sports Induced	Mild	Occasional
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<i>Preventor used:</i>	<i>Reliever used:</i>	<i>Triggers:</i>
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What symptoms will we see?

<b>Steps to be followed if child is affected at school:</b>	
<i>Step One</i>	
<i>Step Two</i>	
<i>Step Three</i>	
<i>Step Four</i>	
<i>Step Five</i>	
<i>Step Six</i>	

<b>Does your child suffer from allergies?</b>		<b>No</b>	<b>Yes</b>
<i>Allergy to... (eggs, peanuts, grass, bee sting etc)</i>	<i>Rate: Anaphylactic, Moderate, Mild</i>	<i>Describe reaction (swelling, breathing problems, etc)</i>	

*Treatment required... (wash with water, medication, call home, follow anaphylaxis plan/epipen etc)*

<b>Other Medical Conditions and/or History</b> <small>Eg Major Surgery, other</small>	<i>What will we see? How will we treat it?</i>

Emergency Contact and Phone Number/s	Emergency Contact and Phone Number/s

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_