General Medical Advice Form
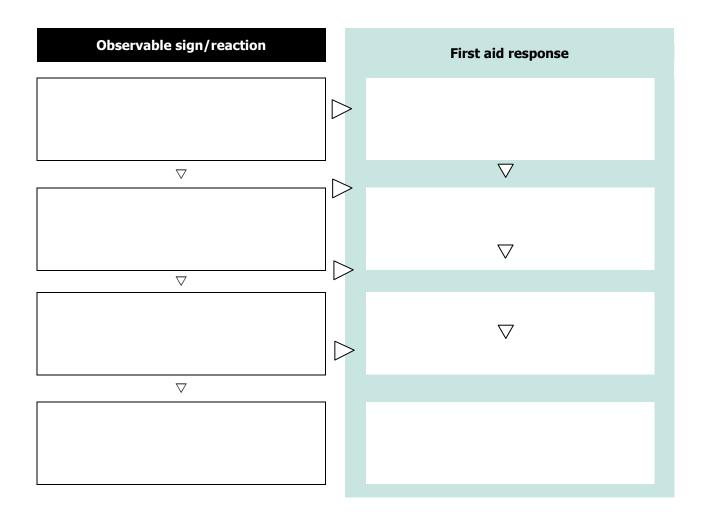## for a student with a health condition

This form is to 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. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

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: _____

Condition: _____

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

Description of the Condition

Observable signs and symptoms:

Frequency and severity:

Triggers (if applicable):

Possible impact on school-based activities (student's learning, physical activities):

First Aid

If the student becomes ill or injured at school, the school will administer first aid and call an ambulance if necessary. If you anticipate the student will require anything other than a standard first aid response, please provide details on the next page, so special arrangement can be negotiated.

Observable sign/reaction		First aid response
	▷	
▽		▽
	▷	
▽		▽
	▷	
▽		▽

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.

Authorisation:	
Name of Medical/Health Practitioner:	
Professional Role:	
Signature:	Date:
Contact Phone Number:	
Name of Parent/Carer:	
Signature:	Date:

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