

# EXTRA STUDENT MEDICAL CONDITIONS

|               |                                |
|---------------|--------------------------------|
| Student Name: | Computer Generated Student ID: |
|---------------|--------------------------------|

|   |   |
|---|---|
| Does the student have any other medical condition? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| If yes, please specify:   |   |
| Symptoms:   |   |
| If my child displays any of the symptoms above please: (tick)   |   |
| Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No  | Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No  | Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, please specify:   |   |
| Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No   | Name of medication taken:   |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response           |   |
| Indicate the usual dosage of medication taken:  | Indicate how frequently the medication is taken:  |
| Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other           |   |
| Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere |   |
| Dosage time   | Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Poison Rating</span> |

|   |   |
|---|---|
| Does the student have any other medical condition? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| If yes, please specify:   |   |
| Symptoms:   |   |
| If my child displays any of the symptoms above please: (tick)   |   |
| Inform Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No  | Inform Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Administer Medication <input type="checkbox"/> Yes <input type="checkbox"/> No  | Other Medical Action <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, please specify:   |   |
| Does the student take medication? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No   | Name of medication taken:   |
| Is the medication taken regularly by the student (preventive) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response           |   |
| Indicate the usual dosage of medication taken:  | Indicate how frequently the medication is taken:  |
| Medication is usually administered by: (tick) <input type="checkbox"/> Student <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Other           |   |
| Medication is stored: (tick) <input type="checkbox"/> with Student <input type="checkbox"/> with Nurse <input type="checkbox"/> Fridge in Staff Room <input type="checkbox"/> Elsewhere |   |
| Dosage time   | Reminder required? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Poison Rating</span> |