

# Medical information

for schools, preschools and childcare services

## CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN/ADULT STUDENT for a child/student who requires individual health and personal care support. Some condition-specific forms are also available.  
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student.....Date of birth .....  
Family name (please print) First name (please print)

Medic Alert number (if relevant).....Review date .....

### Description of the condition

Observable signs and symptoms: .....

Frequency and severity: .....

Triggers (if applicable): .....

Possible impact on activities (eg physical activity, camps, excursions, kitchen, laboratory or workshop activities, interrupted attendance):  
.....  
.....

### First aid

If a child/student becomes ill or is injured, education and childcare personnel will administer first aid and call an ambulance if necessary.

If you anticipate this child/student will require anything other than a standard first aid response, please provide detailed written recommendations so special arrangements can be negotiated.

### Additional information attached to this care plan

- Medication plan (if supervision of medication is recommended at school/preschool/child care)
- Individual first aid plan (if different to standard first aid—see model over page)
- General information about this child's/student's condition
- Other (please specify) .....

### AUTHORISATION AND RELEASE

Medical practitioner ..... Professional role .....

Address .....

..... Telephone .....

Signature ..... Date .....

**I have read, understood and agreed with this plan and any attachments indicated above.  
I approve the release of this information to education/childcare staff and emergency medical personnel.**

Parent/guardian  
or adult student ..... Signature ..... Date .....  
Family name (please print) First name (please print)