



Notification to School of Student Health Issue(s)

Name of student: _____ (BLOCK CAPITALS)

Date of Birth: _____

Year/Class: _____

Details of any health issue(s) that school needs to be aware of:

Details of any medication(s), prescribed or otherwise, required by the student to be taken during school hours:

Activities in school - any special considerations to be aware of: _____

Any other information relating to student’s health that school needs to be aware of:

Contact Details1: _____ Relationship to student _____

Contact Details 2: _____ Relationship to student _____

N.B. Please note that if it is required that medication be administered to the student by school staff then a parent/guardian is asked to meet with Year Head, Deputy Principal or Principal to complete all relevant forms.

Please inform school of any changes to above information.

Signed: _____

Date: _____

Parent/Guardian