

APPENDIX 5:

Medical condition and parental authorisation (if student is under 18)



In order to ensure that you/your child is provided with appropriate care and attention should you/your child become injured or ill whilst in the College's care, please complete this form if you/your child has a current medical condition. Please provide authorisation to the College if you/your child may require prescribed medication, special monitoring or treatment to current medical conditions.

I/My child _____ (**your name/name of child**) has the following medical condition that may require prescribed medication, special monitoring or treatment.

Detailed Medical Condition:

Symptom:

Special Monitoring or Treatment Required:

Name of Doctor Managing Condition:

Doctor's Contact Details:

Parental Authorisation (if student is under 18)

I hereby authorise the school to administer to my child the following prescribed medication according to the following instructions should such action be required in the event of the illness/injury of my child.

Prescribed Medication:

Required Instructions:

Specific Dosage:

Time Medication to be Taken:

Rote Medication to be Taken (eg. Oral, Inhalation, Injection):

Parent/Guardian Name

Parent/Guardian Signature

Date