



MANSFIELD HIGH SCHOOL

20__

Medical Details Form



Student's Name: _____ SDP Class: _____
Family Name Given Name

- My child does not have any known medical conditions.
 My child has the following known medical conditions:

Medical Condition 1: <i>(Use specific medical condition name if known)</i>	
Symptoms: <i>(Include any symptoms school should look for)</i>	
Management: <i>(Include any special instructions the school should follow with regard to this condition)</i>	

Medical Condition 2: <i>(Use specific medical condition name if known)</i>	
Symptoms: <i>(Include any symptoms school should look for)</i>	
Management: <i>(Include any special instructions the school should follow with regard to this condition)</i>	

Medical Condition 3: <i>(Use specific medical condition name if known)</i>	
Symptoms: <i>(Include any symptoms school should look for)</i>	
Management: <i>(Include any special instructions the school should follow with regard to this condition)</i>	

If your child has additional medical conditions, please attach details of all medical conditions.

All medications, with the exception of asthma spray, must be given to the Upper Office staff for safe keeping. The same is to occur for any pain killers such as Panadol.

“Authority to Administer Medication to Students” documentation can be collected from the Upper Office and must be completed before any medication can be given. **This documentation must be completed each year and retained at the Upper Office.**

NOTE: Students are to have no medication other than an asthma spray with them. This includes pain killers. Therefore students who might need pain killers at school, must leave sufficient medication at school at the Upper Office.

Parent/Guardian Signature

Date