

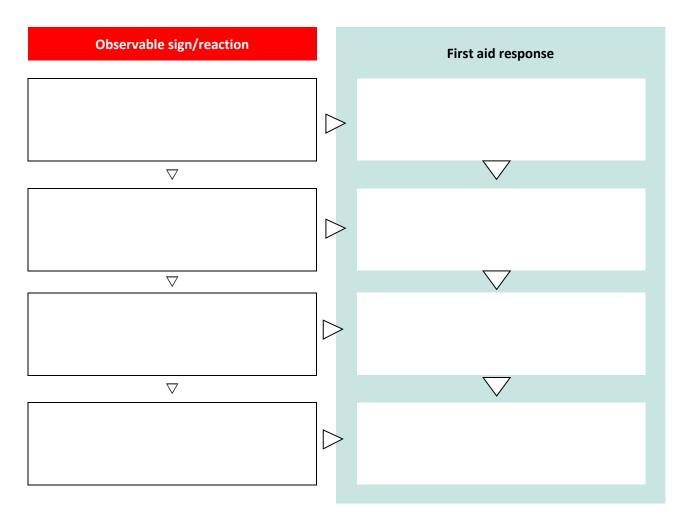
General Medical Advice Form

for a student with a health condition

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Please only complete the sections in this form which are relevant to the student's health support needs.

Name of School:		
Student full name:	Date of birth:	
MedicAlert Number (if relevant):	Review date for this form:	
Description of the condition		
Observable signs and symptoms:		
F		
Frequency and severity:		
Triggers (if applicable):		



Privacy Statement

The school collects personal information so the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school on 9376 1622 or FOI Unit on 9637 2670.

Authorisation:		
Name of Medical/health practitioner:		
Professional Role:		
Signature:	Date:	
Contact details:		
Name of Parent/Carer or adult/independent student **:		
Signature:	Date:	

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See: <u>Decision Making Responsibility for Students - School Policy and Advisory Guide</u>).