



St Mary MacKillop College

Medical Notification

If your child has a medical condition which affects their participation and welfare during school hours (eg. Asthma, Anaphylaxis, Epilepsy, Diabetes, etc) this Medical Notification Form must be completed and signed, with an attached **Medical Action Plan** provided by a Doctor for each condition.

PLEASE NOTE: Any associated medication will need to be supplied by the Parent, and a separate *Medication Permission Form* will need to be completed and returned with the medication.

NAME OF STUDENT:		
Date of Birth:	Year Level – PRIMARY:	SECONDARY:

MEDICAL CONDITION:	
Triggers:	
Signs & Symptoms:	
Medication:	
Recommended Action:	Medical Action Plan attached? <input type="checkbox"/>

MEDICAL CONDITION:	
Triggers:	
Signs & Symptoms:	
Medication:	
Recommended Action:	Medical Action Plan attached? <input type="checkbox"/>

NAME OF PARENT:	Phone:
Signature:	Date:
EMERGENCY CONTACT NAME:	Phone:

OFFICE USE ONLY:

Medical Condition/s entered in AOS	Yes	Date
Medical Action Plan signed and copy attached	Yes	Date
Medical Action Plan uploaded to SEQTA	Yes	Date
Medication Permission Form completed and medications supplied	Yes / N/A	Date