

## Medical Information Form

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|---|--|
| <b>Student Full Name</b>  |  |
| <b>Details of medical condition in full</b>   |  |
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| <b>Details of medication taken, in full.</b><br><br><b>Please include dosages and frequency.</b>                        |  |
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| <b>Is your child's condition seasonal?</b><br><b>If so, please give details in full.</b>                                |  |
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| <b>Has your child ever been hospitalised with this/these condition/s.</b><br><b>If so, please give further details.</b> |  |
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| <b>Please provide any other information you think may be useful to the school</b>                                       |  |

**Date you are completing this form** \_\_\_\_\_

**Please return this form to the School Office**