

MEDICAL UPDATE FORM

STUDENT'S FULL NAME:	CLASS / FORM:

SECTION A: ALL CURRENT CONDITIONS / ALLERGIES REQUIRING MEDICATION AT SCHOOL OR AT HOME

CONDITION / ALLERGY	MEDICATION	END DATE FOR TAKING MEDICATION (IF KNOWN)	DOES MEDICATION NEED TO BE TAKEN AT SCHOOL? (Tick as appropriate) (note: all medication that may be taken at school must be administered by the school nurse and kept at the medical centre)		
			Yes: at regular intervals / times of day	Maybe: In emergencies or where symptoms occur	No: Taken at home only

AWARE OF:	H CONDITIONS OR	E ANY OTHER PHYSICA	
	F THE ABOVE CONDI ROVIDE THEIR DETA	TIONS IS BEING TREATI	ED BY A PHYSICIA
CONDITION / ALL ERGY	PHYSICIAN'S NAME	HOSPITAL / CLINIC	PHONE
CONDITION / ALLERGY	PHYSICIAN'S NAME	HOSPITAL / CLINIC	PHONE
CONDITION / ALLERGY	PHYSICIAN'S NAME	HOSPITAL / CLINIC	PHONE
CONDITION / ALLERGY	PHYSICIAN'S NAME	HOSPITAL / CLINIC	PHONE
CONDITION / ALLERGY	PHYSICIAN'S NAME	HOSPITAL / CLINIC	PHONE
		NS DESCRIBED ON TH	
ECTION D: DO ANY ARTICIPATION IN PI	OF THE CONDITION OF THE	NS DESCRIBED ON TH	IS FORM PREVEI