



ROBE PRIMARY SCHOOL MEDICAL INFORMATION FORM 2024

The school and staff need to know if your child has a health care need that may impact on their participation or safety.

Student's Name _____

Does your child have any of the conditions below? **Yes** **No**

If **YES** fill in the appropriate line and information section with as much detail as possible.

Health Condition/Medications	Additional Information (restrictions on participation, triggers for reactions etc)
Anaphylaxis/Severe Allergies	
Asthma	
Diabetes	
Epilepsy	
Heart Problems	
Phobias (Confined Spaces/Heights)	
Respiratory Problems	
Other Conditions	

If required, does your child have a current Health Care Plan? **Yes** **No**

If **YES** please make sure your school has a copy of this plan.

If **NO** please make sure that you obtain a current Health Care Plan from your Doctor and provide the school with a copy immediately.

Parent/Caregiver Name _____

Parent/Caregiver Signature _____

