



St Andrew's Catholic School  
Student Medical Condition Management Plan  
2015

**This form is to be completed by the Family Doctor in consultation with Parents/Guardians**

Name of Student:		Age:		Year Level	
Mobile Number:		Home Number			

**MEDICAL CONDITION (Block Letters)**


**Condition Description:**


**Triggers for Condition:**


**Symptoms of onset of this condition:**


**Medical treatment needed by student at school or on school activities including administrative of medication:**


**NB: A Student Medication Request Form is attached. Staff are unable to administer any medications (prescription or over the counter) without this authorisation signed by your Doctor.  
ALL Medication brought to school must be handed to the office. NO medication is to be held by students.**

**The medical treatment and action needed if the student's condition deteriorates:**


**The name, address and telephone numbers for emergency contact:**


**Doctor's Name:**


**Doctor's Telephone:**
