SUNNYBANK STATE HIGH SCHOOL
UPDATE MEDICAL DETAILS FORM

STUDENT DETAILS	
Full Name	
Year Class	

❑ My child does not have any known medical conditions.

❑ My child has the following known medical conditions:

STUDENT MEDICAL INFORMATION (including allergies)	
Medical Condition 1: *(Use specific medical condition name if known)*	
Symptoms: *(Include any symptoms school should look for)*	
Management: *(Include any special instructions the school should follow with regard to this condition)*	
Medical Condition 2: *(Use specific medical condition name if known)*	
Symptoms: *(Include any symptoms school should look for)*	
Management: *(Include any special instructions the school should follow with regard to this condition)*	
Medical Condition 2: *(Use specific medical condition name if known)*	
Symptoms: *(Include any symptoms school should look for)*	
Management: *(Include any special instructions the school should follow with regard to this condition)*	

If your child has additional medical conditions, please attach details of all medical conditions.

All medications, with the exception of asthma spray, must be given to the Office staff for safe keeping. The same is to occur for any pain killers such as Panadol.

"Consent to Administer Medication" documentation can be collected from the Administration Office or the school website and must be completed before any medication can be given. **This documentation must be completed each year and retained at the Administration Office.**

NOTE: Students are to have no medication other than an asthma spray with them. This includes pain killers. Therefore, students who might need pain killers at school, must leave sufficient medication at school at the Administration Office.

Parent/Caregiver Name	
Signature	
Date	