**Students with Medical Conditions/Allergies**

This form is to be completed by the parent/carer of a child with a medical condition or allergy. The purpose of collecting this information is to identify children whose parent/carer will need to provide further medical information before starting Year 7 in 2025.

Please complete the questions and return to school via email, post or in person at our front office.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List student’s medical conditions:

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2. Will your child require support at school for any of these conditions? Yes No

3. Does your child have an ACSIA Action Plan or Asthma Action Plan? Yes No

 **If yes is this for:**

 Anaphylaxis Asthma Allergy

4. My child has been prescribed an EpiPen:

 Yes No

5. Does your child carry a Preventative Puffer?

 Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Carer signature