

General Medical Advice Form

This form can be completed by a student's medical or health practitioner to provide information to the school about the student's health condition and first aid requirements. Other information from health practitioners (such as letters or other forms) is also acceptable. This form will help the school to develop a [Student Health Support Plan](#). For more information, see: [Health Care Needs Policy](#).

Student name:	
Student date of birth:	
Review date of this form:	

About the condition

Diagnosis or health condition(s):	
Daily or expected symptoms:	
Triggers (if applicable):	
Overview of treatment and/or management:	

First aid

If the student becomes ill or injured at school, the school will administer first aid and call an ambulance if necessary. If the student requires anything other than a standard first aid response, please provide details, so that the school can provide the required support.

Observable symptom or sign	First aid response

If required, please provide name (and contact details) for persons or services **qualified and able to provide first aid training or demonstration** to school staff (with relevant contact details):

Possible impacts on school-based activities

Please consider any impacts on learning, physical activity or behaviour that might impact the child's participation in the classroom, physical education (e.g. sports, water safety), excursions and camps.

Possible impact at school	Recommended support or adjustment(s)

Further information or attachments

More information is attached:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Recommended health resources for school staff:	

Medical or health practitioner details

I understand my personal information and any health information or opinion provided about the student in this form will be handled in accordance with the privacy statement and the laws and policies stated within it.	
Name of practitioner:	
Professional role:	
Signature:	
Date:	
Contact details:	<input type="checkbox"/> I agree to be contacted by the school if further advice is needed to support the student's health and wellbeing.

Privacy statement

<p>The form will be collecting the information about your child's wellbeing requirements to support the health and wellbeing needs of your child. If not all the information is provided on the form, it may affect our ability to provide the appropriate wellbeing support for your child.</p> <p>Information provided in the form will be stored securely in the department's systems, with access restricted to those providing your child with the health and wellbeing needs listed in this form, those that need access as outlined in this form, staff that need to provide required technical system assistance to access the information and also any staff that need to know in accordance with the department's privacy policy. All information will be handled in accordance with the</p>
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privacy statement provided in this form and Victorian privacy laws and the department's policies regarding [privacy](#) and [records](#).

For further information, or to request access and correction of personal information, please email Montmorency.south.ps@education.vic.gov.au

Consent for parent and carers

- I agree for my child's health information to be handled in accordance with the privacy statement in this form.
- I understand that school staff assisting in the child's wellbeing can only contact the medical/health practitioner(s) named in this form with my consent if needed for the purposes of providing appropriate wellbeing support outlined in this form, unless required or authorised by law.
- I understand the school may contact training providers listed in this form and may detail the health conditions and symptoms experienced by my child in a de-identified manner, to ensure appropriate training is received by staff for supporting my child's health.

Parent or carer name:	
Parent or carer signature:	
Date:	