



General Medical Advice Form for a student with a health condition

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Please only complete those sections in this form which are relevant to the student's health support needs.

Mount Waverley Secondary College

Student's Name: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____ Review date for this form: _____

Health Condition Name: _____

Observable signs and symptoms:

Frequency and severity:

Triggers (if applicable):

Possible impact on school-based activities (student's learning, physical activities):

First Aid

If the student becomes ill or injured at school, the school will administer first aid and call an ambulance if necessary. If you anticipate the student will require anything other than a standard first aid response, please provide details on the next page, so special arrangement can be negotiated.

Observable sign/reaction



First aid response