## Additional Medical Conditions – other than allergies

(to accompany the Application to Enrol in a NSW Government School form)

## Student name

MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS (EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)							
Please identify and provide	e details belo	w of any other	medical condition	for which you	ır child is being	g treated.	
Medical condition:							
1. Has a doctor diagnosed this	condition?		Yes No				
Please provide the name, a	ddress and p	hone number o	of the doctor / spec	ialist who may	currently be tr	reating your cl	hild for the condition.
Doctor's Name		Address					Telephone
2. Has your child been hospitalised with this condition?  Yes  No    3. If yes, which hospital?							
4. Does your child have a documented action plan from a doctor (eg asthma action plan)?							
5. If yes, is this plan attached?							
6. Is your child taking prescribed medication for this condition? See Sec. No							
7. <u>If yes, what is the prescribed</u>	I medication?						

The school will require further details in relation to prescribed medication on enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department's website.