



OUR LADY OF FATIMA CATHOLIC PRIMARY SCHOOL

HEALTH/MEDICINE RECORD

Child's name _____ Year _____

Medical Condition(s) _____

Name of medicine(s) _____

When taken _____

Any other instructions _____

Please note: We only administer medicines (including inhalers) that are prescribed by a doctor. This requires a parent/carer to complete a consent form (available from the school office). Children must not be given medicines to bring to school. Parents/carers must bring / collect prescribed medicines to the main office.

It is the parents'/carer's responsibility to ensure medicines, including inhalers are up-to-date.

School should be made aware of food allergies and other foods that children cannot eat due to religious observance:

Signed: _____ (Parent/Carer) Date: _____