



**St Thomas Aquinas
West Belconnen**

**FORM 4
Medical Advice To School**

To be completed by Prescribing Doctor

Student's Full Name: _____ **Class:** _____

1. Medical condition(s) of the child requiring regular treatment:

2. Essential medication requiring administration during school hours:

Medication Details

Condition name	Medication Name	Dosage	Time/s of Administration	Special instructions	Self-Administration (Yes/No)

3. Recommended restrictions on participation in school activities (e.g. sport, use of tools or machinery):

4. Recommended procedure in crisis situation:

5. Additional comments:

Signed by Doctor: _____ **Date:** _____