



## Form 2

### Medical Advice to School

**be completed by the prescribing doctor**

Student's full name: \_\_\_\_\_

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 (eg.sport)

\_\_\_\_\_  
\_\_\_\_\_

4. Recommended procedure in crisis situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of prescribing doctor: \_\_\_\_\_ Date: \_\_\_\_\_