FORM 2

MEDICAL ADVICE TO SCHOOL

Mother Teresa Primary
creative minds - gentle hearts

To be completed by prescribing doctor

Student's full name: _____

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

_____

_____

_____

2. Essential medication requiring administration during school/college 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:

_____

_____

Signature of prescribing doctor:_____ Date:_____