Johnsonville School
Learning and Growing Together Akoranga Whakatipuranga Ngatahi

MEDICAL RECORD

Dear Parents/Caregivers,

We are responsible for your child's safety at school and need accurate medical information about them. Please complete and return this medical record form, which will be kept in the school office to assist us in caring for your child. This is particularly important when children become sick at school. Thank you for your help.

Child's Name: _____

- Is your child on regular medication? Yes / No
- What is the Medication for? _____
- What is the medication? _____
- How often is it administered? _____
- Who administers it? _____
- Is keeping medication kept at school necessary? Yes / No
- If yes, what is the medication? _____
- Where is the medication kept (Office / school bag)? _____

- Does your child have any other medical condition Johnsonville School should know about? Yes / No
- If yes, what is it? _____

- Does your child have any allergies? Yes / No
- If yes, what are they? _____
- Does he/she have treatment for the allergy? Yes / No
- If yes, what treatment is kept at school? _____
- Where is it kept (Office / school bag)? _____

Parent/Caregivers Signature: _____ Date: _____