



MEDICAL ADVICE/ALERT FORM

CONFIDENTIAL FIRST AID INFORMATION

Student Name _____

Student ID _____

Address _____

Teaching Team _____ Campus _____

Course/Program _____

Medical problem(s) or condition(s) which the campus should be aware of:

Details of assistance required/special procedures to be followed (e.g. medication to be administered):

Name of contact doctor: _____ Phone: _____

Student Signature: _____ Date: _____

Please complete consent information for under age students on back of form

