

# Medical condition form

My name is:	My medical condition is:
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Emergency Contact: Relation to Patient: Work: Home: Cell:
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<u>Details of Doctor</u>	Stamp
Name of Doctor: Date: Hospital/Clinic: Tel: Signature:	

<u>Procedure</u> Please let us know what we must do in case of an emergency. Explain what medicine the child needs and the dose:
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This treatment plan has been recommended by my child's doctor treating their medical condition. I give permission for nominated caregivers, teachers and laypersons to administer above mentioned medication to my child and absolve them against wrongdoing should they do so in the case of a suspected emergency

\_\_\_\_\_  
Parent/Guardian Name and Signature

\_\_\_\_\_  
Date