St Augustine Primary School
Rivervale

St Augustine Primary School

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St Augustine's Primary School

St Augustine's Medical Advice Form 2026

The School Education Act 1999 requires the provision of "details of any condition of the enrolee that may call for special steps to be taken for the benefit or protection of the enrolee or the persons in the school." (16G)

To assist the school to respond to individual requirements please detail any special needs your child/ren has/have that may affect their welfare during school hours. Please complete the below details and sign in the appropriate area. **Return to the CLASS TEACHER by 4 February 2026**. If the details of your child/ren have not changed over the past year, please sign, and return this form to the school. If you are unsure of the medical information that the school has please see your class teacher who has last year's information.

FAMILY NAME:_____

CHILD #1:_____YEAR: _____

CHILD #2:_____YEAR: _____

CHILD #3:_____YEAR: _____

Please state the child's name if you have more than one attending the school.

This information remains confidential:

Medication/Condition;

_____

_____

_____

_____

Conditions: i.e. Allergic reaction to food or stings, vision/hearing.

_____

_____

_____

I have checked the medical information with the school and all details listed above and at the school are correct.

Signed:_____Date: _____

Applicable for 2026 onwards