



**ST XAVIER'S SCHOOL
STUDENT MEDICAL PROFILE
2016**

INSERT CHILD'S PHOTO

Student: _____

Date of Birth: _____

Condition:

Medication/Action:

Doctors Signature: _____ OR

Parent Signature: _____

Date: _____

Contact Person:

Phone Number:

Please attach any relevant **MEDICAL REPORTS** or **LETTERS** from Doctors.

All medical conditions that staff need to be aware of must be included on this form.

All medical conditions that require continued medication must be on this form.