# **Group Medical Summary Form**

**Please fill in your group/classes medical information and return to Blackwood.**

Please note this is only a **brief summary** of the group's medical conditions/needs. Further discussions may be needed. Your group will also need to complete and bring either DET or your schools **medical forms, management plans and medication logs**.

Please indicate the name/s of medication taken. Indicate **‘Yes’** if a management plan is needed for a particular medical condition. We will also need a **copy of the management plan e.g. anaphylaxis**.

Please include **ALL students and staff names** and write NIL if there is nothing to be noted.

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| **School:** | **Term:** | **Week:** | **Year:** |
| **Visiting Teacher in charge:** | | | |

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| **Students Name** | **Medical info** | **Medication taken** | **Management Plan** |
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| **Staff members name** | **Medical info summary** | **Medication taken** | **Management Plan** |
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