Northern Territory Government

DEPARTMENT OF **EDUCATION**

Student's Health Issues Record

Date			
Name	DOB	Age	M ☐ F ☐
School	Teacher		Year Level
Parents / Guardians Phone Contacts: Home No. Work No. Mobile No.	Address Health Care Team		

Date	Time	Participants(s)	Issues	Action

Signature of Parent / Guardian	Date	Signature of Principal	Date
Signature of Medication Administration Officer	Date		