

**HUNTLEY SCHOOL HEALTH CERTIFICATE**  
**TERM ONE 2009**

To ensure the School's Health record of your son \_\_\_\_\_  
is accurate would you please supply the following information regarding his health  
status during the holiday period.

- General Health \_\_\_\_\_  
\_\_\_\_\_

- Known contact with infectious diseases \_\_\_\_\_  
\_\_\_\_\_

**- Health problem requiring medical attention :**

**Diagnosis** \_\_\_\_\_

Prescribed medication

Drug \_\_\_\_\_

Dose \_\_\_\_\_

Duration \_\_\_\_\_

- Treatment other than medication \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian)