



# Health Care Plan

## Emergency alert

Name of student: \_\_\_\_\_

Class or Year: \_\_\_\_\_

Health condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

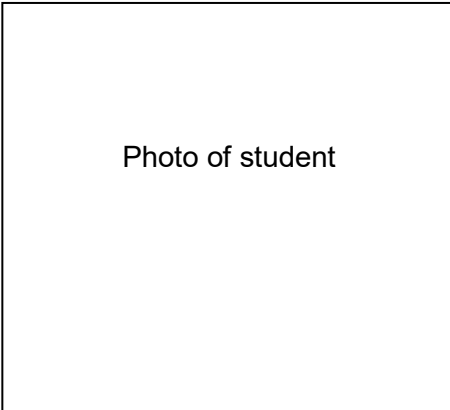


Photo of student

Prescribed medication: \_\_\_\_\_

\_\_\_\_\_

Medication provided to school: Yes          No    *(please circle)*

Does your child carry this medication on them at all times? Yes          No    *(please circle)*

\_\_\_\_\_

Symptoms / signs to watch for: \_\_\_\_\_

\_\_\_\_\_

Actions steps to be followed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contacts (name, home phone, work phone, mobile phone)

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Medical practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed by Parent/Carer -----

Date: -----

Signed by Principal/Delegate: -----

Date: -----