

Fill out ALL lined sections of the form.

# Emergency care/response plan

Your assistance in completing the information below is appreciated. The school will finalise the plan once all the information is gathered.

This form is to be completed by the principal on the basis of information provided by the parent and/or medical practitioner.

## Emergency alert:

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Include a colour photo if you have one OR if the student is currently enrolled, the school will add the photo.

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

\_\_\_\_\_

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: \_\_\_\_\_

Email: \_\_\_\_\_