

Fill out ALL lined sections of the form.



# Emergency care/response plan

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

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

## Emergency alert

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

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

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

\_\_\_\_\_

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: \_\_\_\_\_

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