

# 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.

## 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: \_\_\_\_\_

