

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: _____

Fax: _____

Email: _____

