

**ACTION PLAN FOR STUDENTS WITH
A MEDICAL CONDITION**

Name _____ Grade _____

Medical Illness: _____

Usual medical treatment when child is well:

He/She displays the following symptoms when unwell:

Medication to be used/action to be taken when symptoms develop at school:

In an emergency requiring medical attention I authorise the school to contact:

Doctor: _____

Address: _____

Telephone number: _____

and/or to convey my child to the local hospital by appropriate transport, which may be an ambulance.

Signature _____ Date _____