



Emergency care/response plan

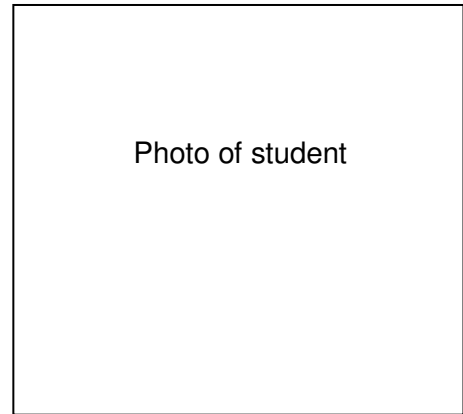
This form is to be completed by the principal on the basis of information provided by the parent and/or medical practitioner.

Emergency alert

Name: _____

School/Group Name: _____

Health condition: _____



Prescribed medication: _____

Has the medication ever been administered if so when? _____

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: _____