

IONA PRESENTATION PRIMARY SCHOOL



FORM 4 Medical Condition Emergency Action Plan

This record is to be completed by Parents/Carers in consultation with their child's medical practitioner. Parents/Carers should inform the school immediately if there are any changes to this record. Please tick (✓) the appropriate box or print clearly your responses in the blank spaces where indicated. For some questions you may need to tick more than one box.

Student's name _____ Sex: M F
 (Family Name) (First Name)

Date of Birth _____ Class _____ Teacher _____

Emergency contact (e.g. Parent, Carer):

(a) Name _____ Relationship _____
 Telephone No's: Home: _____ Work: _____ Mobile: _____

(b) Name _____ Relationship _____
 Telephone No's: Home: _____ Work: _____ Mobile: _____

General Practitioner: _____ Telephone No: _____

Specialist (if applicable): _____ Telephone No: _____

Name of the Medical Condition: _____

Signs and Symptoms of this Condition _____

Triggers for this condition (if applicable) _____

Signs of the condition worsening _____

Will your child require medication *at school* in response to this condition? Yes No

Medication	Method e.g. tablet, epi-pen etc	How much and when?

If your child requires medication please attach either the *Prescribed Medications* (Form 1) or the *Analgesics Form* (Form 3)

If my child suffers this condition at school, please follow, to the best of your ability, the steps outlined below in the EMERGENCY ACTION PLAN.

Step 1	
Step 2	
Step 3	
Step 4	
Step 5	

Note: If your child requires a different Emergency Action Plan please attach a copy.

I agree with this Emergency Action Plan and authorize school staff to assist my child with taking medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment at school.

Signature of Parent/Carer: _____ Date: _____

I verify that I have read this Emergency Action Plan and agree with its implementation

Signature of Doctor: _____ Date: _____