

Action Plan for

Personal Details

Student's name: _____

Sex: M F Date of birth: _____ Year/Class: _____

Emergency contact (e.g. parent, carer):

a. Name: _____ Relationship: _____

Telephone No: (Daytime) _____ (Mobile) _____

b. Name: _____ Relationship: _____

Telephone No: (Daytime) _____ (Mobile) _____

Doctor: _____ Telephone No: _____

Insert
student's
photo
here

Medical Condition _____

Student's usual symptoms or warning signs

In an emergency or symptoms present follow the Action Plan below.

Parent/guardian signature: _____ Date: _____

Doctor's name: _____ Doctor's signature: _____