



PO Box 213
MOORA WA 6510

Phone: 08 96908888
Email: admin@sjsmoora.wa.edu.au

MEDICAL EMERGENCY ACTION PLAN

Child's Name: _____ **Class:** _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Numbers: _____

Medical Problem: _____

Action to be taken: _____

Current Medical Action Plan Attached: Yes / No

SHOULD YOUR CHILD BE ON OUR LIST OF ASTHMATICS? Yes / No

Name and dosage of current medication: _____

Does child self-administer own medication eg Ventolin? Yes / No

Signature of Parent/Guardian: _____

This information is collected for the sole purpose of your child's safety and well-being. If necessary, it will be made available to all staff members, the school nurse and medical practitioners. Should a parent/guardian need to sight, change or update this information, please contact the school office.

OFFICE ONLY

Entered on AOS/SEQTA Date _____

Copy to Class Teacher _____

Copy to AP-Admin. _____