

20 Medical care plan for education and care service

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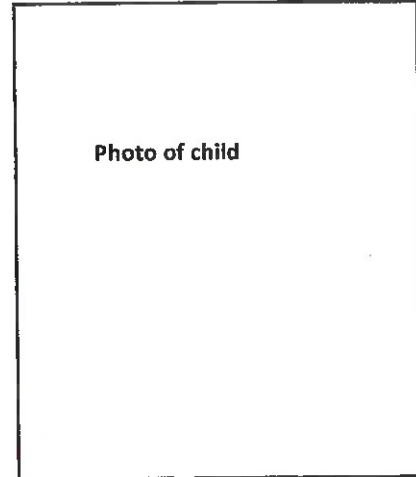
To be completed by the parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Child's name _____ Class _____

Condition

Symptoms



Action

- Does this child usually tell an adult if s/he is experiencing symptoms? Yes No
- Does this child need to take medication at school for this condition? Yes No
- Does the condition impact on this child's learning at school? Yes No

If YES, please describe

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____

Name _____

Date _____

Emergency Contact Information

Contact name _____

Phone _____

Mobile _____

Email _____