

# 20 Medical care plan for education and care service

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| M |  |

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

**PLEASE PRINT CLEARLY**

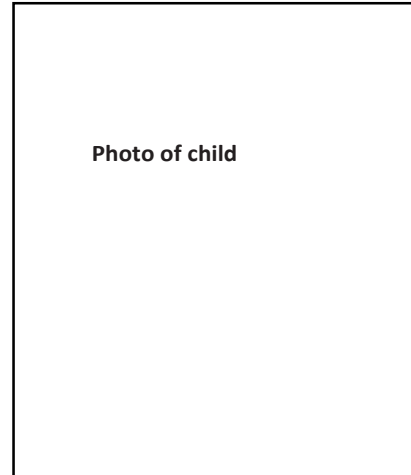
Child's name \_\_\_\_\_ Class \_\_\_\_\_

## Condition

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## Symptoms

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## Action

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- 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

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## 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 \_\_\_\_\_