

**Emergency care/response plan**

This form is to be completed by the principal on the basis of information provided by the parent and/or medical practitioner.

**Emergency alert**

Name of student:

Class or Year:

Health condition:

Photo of student

Prescribed medication:

Symptoms / signs to watch for:

Actions steps to be followed:

Emergency contacts (name, home phone, work phone, mobile phone)

1.

2.

Medical practitioner:

Address:

Phone:

Email: