SAINT HELENA'S
CATHOLIC PRIMARY SCHOOL

Something Beautiful for God

Medical Action Plan

Childs Name: _____

_____

Date: _____

Student Photo

(office will supply)

My Child has:

Asthma	No ❒	Yes ❒ (please supply an action plan from your doctor)
Anaphylaxis	No ❒	Yes ❒ (please supply an action plan from your doctor)
Allergy	No ❒	Yes ❒ (please supply an action plan from your doctor)
Other medical condition	No ❒	Yes ❒ (please supply further details below)

Details of other medical condition:

Symptoms:

Medication required:

Emergency Procedure:

Parent/Caregivers Signature: