



NAGLE
CATHOLIC
COLLEGE
EST 1994

CELEBRATING
25
YEARS

Student Medical Action Plan 2018 Confidential

Student's full name _____ Date of birth _____

Male or Female (circle) _____ Home Room _____

Address _____

Mother's Name _____ Phone number _____

Father's Name _____ Phone Number _____

MEDICAL CONDITION _____

TREATMENT RESPONSE (in step form)

1. _____

2. _____

3. _____

4. _____

5. _____

Other important information (add over page if necessary)

Please indicate the **severity of the medical condition**: **LOW** **MODERATE** **HIGH**
NB: Circle **HIGH** above if you believe the condition is life threatening or would impact seriously on health.

* EpiPen required **Yes/No** If yes, please circle one - Student carries EpiPen OR EpiPen held in sickbay

* Medication required **Yes/No** Parent will supply College with medication **Yes/No**

AGREEMENT BETWEEN PRINCIPAL and PARENT/GUARDIAN INCLUDING CONSENT

This agreement authorises school staff to follow the advice of the student's parents/guardians and medical practitioner as set out in the Student's Medical Action Plan. *It is valid for one year or until I advise the school of a change in my child's health care requirements.* I consent to the use of this information in ways which protect the privacy of my child and maximise first aid in event of an emergency.

FULL NAME/S _____

SIGNATURE/S _____

Dated _____