



# ST BRIGID'S PRIMARY SCHOOL

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## SCHOOL MEDICAL ACTION PLAN

Please complete and return this form to the school office **only if your child** has an ongoing medical condition that requires **immediate or specific assistance** (i.e. Asthma, Anaphylaxis, extreme allergies / reactions, Diabetes, convulsions and/or any other life threatening emergencies).

Child's Name: \_\_\_\_\_ Class \_\_\_\_\_

Parent Phone Number(s): \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Action To Be Taken: \_\_\_\_\_

List The Name And Dosage Of Current Medication: \_\_\_\_\_

Does Your Child use a Ventolin puffer or preventative? Yes / No

If yes, please provide Ventolin, spacer and Asthma Action Plan supplied by your child's doctor.

Does your child use an EpiPen? Yes / No

If yes, please provide EpiPen and Anaphylaxis Action Plan supplied by your child's doctor.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*As stated in Section 16 and 17 of the School Education Act 1999 the person/s enrolling a child must provide 'details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or other persons in the school and that where there is a change in those particulars, notice of the change is to be given to the principal by the parent.*

### OFFICE ONLY

Administration Person Actioned: \_\_\_\_\_ Date: \_\_\_\_\_

- Entered into AOS.
- Notified Classroom Teacher and Specialist Teacher (if required).
- Copy in Emergency Medical File.
- EpiPen Appointment booked with Principal: \_\_\_\_\_

Service Courage Peace Acceptance