



Managing Chronic Health Conditions - Emergency Plan.

This form communicates our school's public commitment to ensuring the safety of our students with chronic conditions such as asthma, diabetes, epilepsy and severe allergies. It will help school staff to better understand your child's individual condition.

The school understands that certain chronic conditions are serious and can be potentially life threatening. Parents have a duty to inform the school of such a condition and provide the necessary medical equipment and information to respond to emergencies.

Name: _____ Class/Year _____

Address: _____

Date of Birth: ____/____/____

Contacts additional to parents for emergencies

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

Please indicate

Asthma Diabetes Epilepsy Severe allergies Other

- Details of the student's condition:

- Signs and symptoms of this student's condition

- Triggers or things that make this student's condition/s worse:

- Have you provided an epi-pen or other necessary requirements to the school?

Permission for emergency medication (please tick)

In the event of an emergency, **I agree** or **do not agree** with my child receiving medication administered by a staff member. Information contained in this plan may be shared with individuals involved with my child's care and I understand that I must notify the school of any changes in writing

Signed by parent: _____ Date: _____