

PK-12 Medical Management Plan

Please attach a copy of any Action Plan provided by your health practitioner, ie Asthma Action Plan

Anaphylaxis	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Allergy	<input type="checkbox"/>
Autism	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>		
Other	<input type="checkbox"/>				
Please specify	_____				

Student Name:	
Year Level	
Classroom PCG Teacher:	<i>(to be completed by staff)</i>
Leader of Wellbeing: (to be completed by staff)	<i>(to be completed by staff)</i>

Doctor's Letter Supplied: Yes No

Is prescription medication required to be kept on College premises (ie Epi Pen) Yes No

What to do in an Emergency

1. Contact appropriate Student Administration/Reception
2. Follow procedure as stated below

3. Administration to call an Ambulance
4. Administration to contact Parents/Guardians

Daily Management Procedure

Parent Contact Details

Mother's Name:	Mobile:
Father's Name:	Mobile:
Parent/Guardian Signature:	Date:

Administration to Inform

Registrar
Classroom | PCG Teacher
Leader of Wellbeing
Head of Primary
Canteen – if Anaphylaxis food allergy

Copies to be held in file:
Student Reception – Marcellin Campus
Staffroom Workroom – Lavalla Campus
Staffroom – Marian Campus