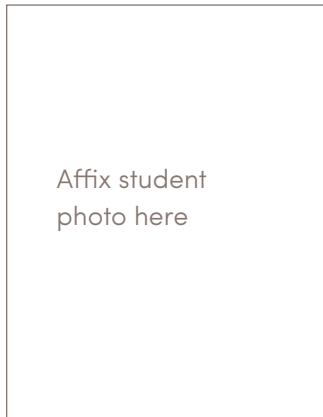


**Student Details**



Student Name	<input type="text"/>	Grade	<input type="text"/>
Care Card Number (PHN)	<input type="text"/>	Date of Birth (YY/MM/DD)	<input type="text"/>
Mother/Guardian's Name	<input type="text"/>	Mother/Guardian's Phone	<input type="text"/>
Father/Guardian's Name	<input type="text"/>	Father/Guardian's Phone	<input type="text"/>
Alternate Emergency Contact	<input type="text"/>	Phone Number	<input type="text"/>

**Information and Plan while in the Care of the School**

The information for the school plan must be updated annually and/or when the child's condition or medication changes. The plan is updated by the student's parent/guardian in consultation with the family physician, and reviewed as needed with the appropriate school staff.

Indicate what medical condition this student has that may require emergency care at school:

Describe the potential problem (include symptoms that might be observed):

Precautions in the classroom and in the school are:

Emergency Plan that school staff members need to follow:

Step 1  
\_\_\_\_\_

Step 2  
\_\_\_\_\_

Step 3  
\_\_\_\_\_

Step 4  
\_\_\_\_\_

Step 5  
\_\_\_\_\_

Is medication required?

Yes     No

If Yes, please list medication(s):

If Yes, the **Administration of Medication** form must be filled out and provided to the school. Parents need to ensure that this medication does not go past its expiry date and to keep a current supply of any required medication at the school.

### Authorization

Signature of Parent/Guardian

Parent/Guardian Name

Date (YY/MM/DD)

Signature of Physician

Physician Name

Date (YY/MM/DD)

Physician's Address

Physician's Phone