

# 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	_____				
	_____				

<b>Student Name:</b>
<b>Year Level</b>
<b>Classroom   PCG Teacher:</b> <span style="float: right;"><i>(to be completed by staff)</i></span>
<b>Leader of Wellbeing: (to be completed by staff)</b> <span style="float: right;"><i>(to be completed by staff)</i></span>

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

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

## Daily Management Procedure

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### Parent Contact Details

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

### 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