

# Medical / Allergy Action Plan

Families are encouraged to have this form completed by a medical professional



YWCA CANBERRA

## Medical and Allergy Action Plan

Child's Name		<i>Please insert child's photo</i>
Date of Birth		
Days Attending Care		
Allergies / Medical Concerns / Dietary Restrictions:		
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## Symptoms of Past Reactions:

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## In case of reaction of medical emergency, please follow the following action plan:

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## Contact Details

Doctors Name and Contact Details	
Parents Name and Contact Details	
Ambulance Cover Membership Number <i>(if applicable)</i>	

**If dangerous symptoms appear, call an ambulance and take patient to hospital immediately.  
Be prepared to resuscitate!**

<b>Form:</b> Medical Action Plan	<b>Review Date:</b> December 2016
<b>Steward:</b> School Age Care Manager	<b>Approved By:</b> Children's Services Manager