

NAME:
DATE OF BIRTH:
ALLERGIES:

Medical Issue -

TRIGGERS

SIGNS AND SYMPTOMS

SIGNS AND SYMPTOMS IF LEFT UNTREATED

This is a medical emergency

ACTION

DIAL 000 / 112 (mobile) immediately

- Tell paramedics that there is an Emergency stating that student is having an **Epileptic emergency**.
- Direct ambulance to your location giving nearest cross roads: **View and Lincoln Street GUNNEDAH**
- Send someone to greet ambulance and direct paramedics to whereabouts of students
- **G S Kidd Memorial 37 Lincoln Street GUNNEDAH**

Medicated at home

EMERGENCY CONTACTS

Contact 1

Mobile:
Address:

Contact 2

Mobile:
Address:

Medicare No:

By: (staff member)

.....
Review Date: December 2017

In the event of a medical emergency I authorise school personnel to follow this management plan as outlined for:

Name:..... Parent/carer:.....

Signature:..... Date:.....

GS Kidd Memorial School

NAME:
DATE OF BIRTH:
ALLERGIES:

Comments:

STAFF TO SIGN THAT THEY HAVE READ AND UNDERSTOOD THE EMERGENCY HEALTH PLAN

Staff Print Name	Signature	Staff Print Name	Signature