Department of Education
Public Schools NSW

STUDENT HEALTH PLAN 2024
Emergency Response Plan

Affix Photo Here

Student Name: _____

Date of Birth: _____ **School Year:** _____

Medical Condition/Allergy: _____

_____

_____

_____

Prescribed Medication: _____

Symptoms/signs to watch for: _____

_____

_____

Management Plan:

Step 1: _____

_____

_____

Step 2: _____

_____

_____

Step 3: _____

_____

Parent Contacts:

Name: _____ **Phone:** _____

Relationship: _____

Name: _____**Phone:** _____

Relationship: _____

Doctor Details:

Name: _____**Phone:** _____

Address: _____