Kidzone Medical Action Plan

Child details

Surname: .... Given names: ....

Date of birth: ..../ ..../ .... Age: ....

School: ....

Emergency Contacts:

Name: .... Relationship to Child: ....

Mobile Number: .... Alternative Contact number: ....

Name: .... Relationship to Child: ....

Mobile Number: .... Alternative Contact number: ....

Allergy or Illness details

Allergy or Illness

Name and description of Allergy or Illness: ....

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Risk factors to avoid or minimise: ....

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Signs/Symptoms to watch for: ....

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Self-Care Steps: ....

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Educator Strategies: ....

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Kidzone Medical Action Plan Flow Chart

Monitor child for signs and symptoms

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If minor symptoms present   **If moderate symptoms present**

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Remove child from risk situation/factors if possible   **Remove child from risk situation/factors if possible and monitor closely, employ educator strategies**

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Initiate child self-care strategies if required   **Call 000 and notify parents/emergency contacts**

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If symptoms persist then employ Educator Strategies

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If symptoms persist Call 000 and notify parents/emergency contacts

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Parental acknowledgement:

I..(name of parent/guardian)

agree to the above action plan for my child.. (name of child).

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