



St Mary MacKillop College

CHOOSE LIFE WITH COURAGE

Medical Action Plan

If you have indicated on your child's Application Form (or have since been diagnosed) that they have a medical condition which affects their participation and welfare during school hours, please complete this Medical Action Plan. The Plan will allow the College to assist your child as best as possible should they require attention whilst at school.

Any associated medication will need to be supplied to the College at the commencement of school.

Name of student _____

Date of birth _____ **Homeroom** _____

Name of condition _____

Triggers _____

Signs and symptoms _____

Medications _____

Recommended action _____

Name of condition _____

Triggers _____

Signs and symptoms _____

Medications _____

Recommended action _____

Name of parent/carer or medical practitioner _____

Signature of parent/carer or medical practitioner _____

Date _____