



General Management and
Emergency Treatment Plan
For schools and preschools

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the plan. Please print your answers clearly in the blank spaces where indicated.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1998. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's name:
Sex: M F Date of birth:
Year/Class:
Emergency contact (e.g. parent, carer):
a. Name: Relationship: Telephone No: (Hm) (Wk/Mobile)
b. Name: Relationship: Telephone No: (Hm) (Wk/Mobile)
Doctor: Telephone No:



Medical Information

Blank lined area for medical information.

In an Emergency follow the Plan below that has been ticked (✓).

[] Emergency Treatment Plan If insufficient space please attach an additional sheet.

Blank lined area for Emergency Treatment Plan details.

OR

[] My Child's Emergency Treatment Plan Provided by Doctor (attached)

I verify that I have read this Emergency Treatment Plan and agree with its implementation.

Signature of Doctor: Date: Date of Plan:

Signature of Parent/Carer: Date:

Health and Safety Policy – First Aid

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- a) I/We (Parent/Carer).....give permission for my/our child (Name)
1. to be treated by staff at school, in an emergency, using the preferred Emergency Treatment Plan.
 2. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.

b) As a parent/carer I will notify you in writing if there are any changes to these instructions.

Signed.....Dated.....

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