

This *Emergency Treatment Plan* and action plan (Section D) is required for any known medical condition that could lead to a medical emergency. The action plan (Section D) may be replaced by a standard action plan available for asthma, diabetes and anaphylaxis from relevant associations or treating medical practitioners. Annual review of this plan is required. Parents/carers should inform the school immediately if there are any changes to the plan.

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 the student's school and will be made available to relevant school staff, including first aid officers, 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997* (ACT).

**Section A – Personal details (PLEASE FILL IN CLEARLY)**

Student's name:		Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
School:		Date of Birth:	
Parent/carers:		School Year:	
Address:			
Telephone:	Business Hours	After Hours	Mobile
Emergency contact 1:		Telephone:	
Emergency contact 2:		Telephone:	
Name of Doctor:		Telephone:	

**Section B – Management approach**

This student can self-manage care?  Yes  No. Staff assistance is required?  Yes  No.

**Section C – Consent**

1. I, \_\_\_\_\_ (parent/carers name) give permission for my child  
\_\_\_\_\_ (student name) to
  - a. be treated by staff at the school using this *Emergency Treatment Plan* if it is required
  - b. be identified by section D which includes a photograph of my child and treatment information to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered appropriate.
2. As a parent/carers I will notify you immediately of any change to this plan and provide a reviewed version.
3. I understand that I am responsible for any ambulance costs outside the ACT.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I am aware of, and support, the emergency treatment actions outlined in Section D of this form:

Treating medical practitioner: \_\_\_\_\_ Date \_\_\_\_\_

Supporting school staff: \_\_\_\_\_ Date \_\_\_\_\_

Principal/delegate: \_\_\_\_\_ Date \_\_\_\_\_

**ACTION PLAN**

**Section D**

*Complete only if no standard action plan is attached*

**Emergency Treatment Plan for:**

**Student's name:** \_\_\_\_\_

**Medical condition:** \_\_\_\_\_

Detail the student's usual symptoms and the action that is typically taken.
Detail any regular procedures that need to occur at school (including the role of support staff).
<b>Emergency treatment actions</b>
Step 1:
Step 2:
Step 3:
Step 4:
Step 5: