



St Augustine's

KEILOR

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2018

Medical plan for at school management

Name:

Year :

Medical condition/s:

School Action Plan

Signs & Symptoms:	Actions:
When Mild	1. 2. 3. 4.
When Moderate	1. 2. 3. 4.
When Severe	1. 2. 3. 4.
Life Threatening	1. 2. 3. 4.
Triggers	
Medication	

Plan prepared by _____

Date _____