



*St Augustine's*  
**KEILOR**

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2021

## ***Medical Action 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 \_\_\_\_\_