



Grey Street
Primary School Traralgon

Medical Conditions and Management Plan

Name: _____

Medical Condition: _____

Parents/Guardians Name: _____

Home Phone Number: _____ Work Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Doctor's Name & Number: _____

Ambulance Subscriber: YES / NO Subscriber No: _____

Medicare No: _____

Medical Condition Description: _____

Medication Required: _____

Possible Side Effects of Medication: _____

What are the symptoms of the medical condition worsening? _____

Emergency Management Plan: _____

Signed: _____ **Date:** _____

(Parent/Guardian)