



Allergy/Medical Action Plan Camps

To help ensure the safety of your young person it is essential that if they have an allergy or medical condition this form is completed accurately and with as much detail as possible. All information will remain confidential to teachers and any relevant care and response personnel. You could get your doctor to fill in this **Action Plan**, or you may send us a copy of your existing Action Plan.

Student's Name:	Doctor's Name and Contact Details

Emergency Contact		Phone Nr		Relationship	
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DESCRIBE THE CONDITION	
Is the Condition Life Threatening?	Yes No
What triggers the condition?	
What Signs and Symptoms should we watch for?	

WHAT STEPS SHOULD WE TAKE TO RELIEVE THE CONDITION?	
1	
2	
3	
4	
5	
Other Instructions (e.g. triggers to avoid, other medicines etc.)	

DANGER SIGNS	In an emergency we will do appropriate first aid and call 000
Anything Else you want us to know?	

Parent/Guardian Name:

Signature:

Date: