



## St Elizabeth's Catholic Primary School

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### Medical Conditions/Asthma/Allergies

Please indicate on this form if your child has any Medical Conditions, Asthma or Allergies.

All children who suffer from serious allergic reactions or a chronic medical condition will need to obtain an Action Plan signed by a medical practitioner explaining triggers, expected symptoms and action to take in an event of exposure to a trigger and medication (EPIPEN) to be kept at school.

Children who suffer from Asthma must have their medication clearly labelled and handed into the office. An Action Plan must be handed in signed by a medical practitioner with written instructions stating the type of puffer used, dosage and the frequency of the medication.

Child's Name: \_\_\_\_\_

(Please indicate)

- Does not have a Medical Condition
- Does have a Medical Condition and I have/will provide an action plan signed by a Medical Practitioner for the commencement of school.

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