



EMERGENCY MEDICAL MANAGEMENT

Student's Name

Medical Condition (eg diabetes, epilepsy, asthma).

Pattern of response (what happens before, during and after response).
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Triggers (please tick)

- lack of sleep/awakening suddenly
- infection/illness
- menstruation
- photosensitivity (flickering lights, TV etc)
- changes in diet/medication
- changes in weather
- stress
- rise in body temperature
- pollen
- others (please list)

Management action plan (eg extra medication, call parent, call ambulance).

Please be specific.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Parent/carer signature

Date