EMERGENCY ACTION PLAN

LEARNERS NAME:

GRADE:

Paste
Photo
Here

Emergency Contact:
Relation to Patient:
Work:
Home:
Cell:

Ambulances:	Municipal	10177
	ER24	084 124
	Netcare 911	082 911

Chronic condition:

I am allergic to:
My medic alert number is:

Plan prepared by:

Signed: Date:

Hospital / Clinic: Tel:

Mild symptoms:

Details:

TREATMENT:

Look closely for signs of severe symptoms

Contact family / emergency contact

Consult your doctor as soon as possible

Severe symptoms:

Details:

TREATMENT:

CALL AMBULANCE AND SAY:

Get to closest doctor/clinic/hospital immediately

If no improvement …

This treatment plan has been recommended by my child's doctor and explained to the patient and parent.
Medications listed in this plan and given in the correct dose is safe.
I give permission for nominated caregivers, teachers and laypersons to administer medication to my child
and absolve them against wrongdoing should they do so according to this plan.

(Patient / Parent /Guardian Name and Signature) (DATE)