Individual first aid plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the HEALTH PROFESSIONAL and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT
for a child/student/client who requires individual first aid assistance.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client ______________________________ Date of birth ____________
Family name (please print) First name (please print)

MedicAlert Number (if relevant) ____________________ Date for next review ____________

The child/student/client has a medical condition described as ______________________________

And will require the following first aid response when these symptoms/reactions are observed.

Observable sign/reaction		First aid response
	▷	
▽		▽
	▷	
▽		▽
	▷	
▽		▽
	▷	

This plan has been developed for the following services/settings: *

- ☐ School/education
- ☐ Child/care
- ☐ Respite/accommodation
- ☐ Transport
- ☐ Outings/camps/holidays/aquatics
- ☐ Work
- ☐ Home
- ☐ Other *(please specify)*

AUTHORISATION AND RELEASE

Health professional ____________________ Professional role ____________________

Address ____

______________________________ Telephone ____________

Signature ______________________________ Date ____________

I have read, understood and agreed with this plan and any attachments indicated above.
I approve the release of this information to supervising staff and emergency medical personnel.

Parent/guardian
or adult student/client ____________________ Signature ____________ Date ____________
Family name (please print) First name (please print)

Developed by the Department for Education and Child Development (DECD) with expert advice from Australian Red Cross- 2014