

ACTION PLAN FOR General Medical Condition

Name: _____	PLEASE PRINT CLEARLY
Date of Birth: _____	INCLUDE MEDICATION NAME & DOSAGE IF REQUIRED
<div style="border: 1px solid black; width: 250px; height: 150px; margin: 20px auto; text-align: center;"> <p>INSERT PHOTOGRAPH</p> </div>	MILD TO MODERATE SIGNS & SYMPTOMS
	<ul style="list-style-type: none"> • • • •
Confirmed Medical Condition: _____ _____	ACTION FOR MILD TO MODERATE SIGNS & SYMPTOMS
Emergency Contacts:	<ul style="list-style-type: none"> • • • •
Name: _____	SEVERE SIGNS & SYMPTOMS
Phone: _____	<ul style="list-style-type: none"> • • • •
Name: _____	
Phone: _____	ACTION FOR SEVERE SIGNS & SYMPTOMS
Plan Prepared By:	<ul style="list-style-type: none"> • • • •
Doctor: _____	
Contact: _____	
I hereby authorise medications specified on this plan to be administered in accordance with this plan	
Signed: _____	This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.
Date Plan Prepared: _____	
Date of Review: _____	