



BINGA WINGA BUSH PLAYGROUP

MEDICAL ACTION PLAN

Child's Name _____

Caregiver's Name _____

Group _____

Condition _____

Symptoms _____

Indicators and response for the need for medical intervention

| | INDICATOR | RESPONSE |
|---|-----------|----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

At what point should we call your nominated Doctor? _____

Doctor's name _____ Contact number _____

At what point should we call an ambulance? _____

Emergency Procedure

| STEP | PROCEDURE |
|------|-----------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

Contact details in order of priority

| | NAME | RELATIONSHIP TO CHILD/CAREGIVER | TELEPHONE/MOBILE |
|---|------|---------------------------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Are there any activities which may impact the child's/caregiver's health? _____

