



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? _____

