



# Belmont School

*Mā te mahi tahi ka piki kōtuku*  
**Succeeding together**

709 Western Hutt Road  
Lower Hutt 5010  
**Phone (04) 565 0306**  
admin@belmont-lowerhutt.school.nz

## Allergic Reaction / Medical Condition Action Plan

On your child's Enrolment Form you specified that your child suffers from allergies and/or a medical condition. To ensure we can assist your child should they have an allergic reaction or a medical episode, would you please provide us with the following information:

Name of child: \_\_\_\_\_

Allergy/Medical Condition your child suffers from: \_\_\_\_\_

\_\_\_\_\_

Does your child wear a Medic Alert Braclet \_\_\_\_\_

Symptoms/Reactions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication if needed: (Specify) \_\_\_\_\_

\_\_\_\_\_

Dosage to be given: \_\_\_\_\_

\_\_\_\_\_

Expiry date on Medication: \_\_\_\_\_

SIGNATURE OF PARENT OR CAREGIVER: \_\_\_\_\_

Date: \_\_\_\_\_

**All medication that comes to school will be held in a secure cupboard for staff to administer**