



Mā te mahi tahi ka piki kōtuku
Succeeding together

Belmont School

Allergic Reaction / Medical Condition Action Plan

On your child's Enrolment Form you specified that your child suffers from allergies. To ensure we can assist your child should they have an allergic reaction please give us the following information

Name of child: _____

Allergy/Medical Condition your child suffers from: _____

Does your child wear a Medic Alert: _____

Symptoms/Reactions: _____

Emergency Treatment: _____

Medication if needed: (Specify) _____

Dosage to be given: _____

Expiry date on Medication: _____

SIGNATURE OF PARENT OR CAREGIVER: _____

Date: _____

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