POTENTIAL TAKING FLIGHT
Chrysalis
SCHOOL & DEVELOPMENTAL CENTRE

343 Elizabeth Grove South, Lynnwood, Pretoria, 0081
chrysalis.preschool@gmail.com
012 348 8087

CHRYSALIS PRESCHOOL

MEDICAL MANAGEMENT PLAN

1. CONTACTS

Name of Child:		**Date of Birth:**	
Parent/Caregivers Names:		**Cell Phone:**	
		Work Telephone:	
Name of Doctor:		**Phone Number:**	
Emergency Contact:		**Cell Phone:**	
		Work Telephone:	

2. GENERAL

2.1. Has your child had any communicable diseases, and if so, please provide the dates?

3. MEDICAL CONDITION

3.1. Describe any medical condition of your child that can become a medical emergency.
3.2. What may trigger the medical emergency? (food, exercise, environmental stimulus etc)

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3.3. What can be done to prevent or reduce the chance of a medical emergency? (e.g. guidelines for specific activities)	
3.4. What are the reactions, warning signs and symptoms of the medical emergency? (rash, swelling, pain, etc.)	
3.5. Is the condition life threatening?	YES / NO
3.6. Does the condition require the administration of medication or injection?	YES / NO
3.7. Do you carry the medication required to prevent or treat the condition?	YES / NO

3.8. Drug Name:	**Details of administration (when and how medication is given):**

3.9. Detailed plan of first-aid treatment (or attach separate document provided by medical practitioner):	
Step 1	

FOUNDERS · JOHANNITER HILFSWERK · STIGTERS
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Step 2	
Step 3	
Step 4	
Step 5	
Step 6	

I declare that the information on this form is complete and correct and is based on advice provided by a medical practitioner. I further request that the medication as specified on this form be administered, or assistance be provided in the management of the medication, in accordance with the instructions provided.

_____ _____

Signature Print Name