## **MEDICAL INFORMATION**

#### Please indicate all medical information

#### **Examples:**

Condition:

Peanut allergy - anaphylactic - hives, swelling, difficulty breathing - administer epipen, call 111

Asthma - shortness/difficulty breathing - self administers Ventolin 2 puffs

Signs and symptoms:	
Actions to take:	
Doctors name:	
Address:	
Phone:	
My child is immunised.	

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