

Name

Date modified

Type

Health Care Plans

Action plan for Epilepsy

Photo	Name of Child
	Date of Birth:

Any known triggers	
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Medication if required on site	
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Warning signs	
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What constitutes an emergency for me?	
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What to do in an emergency	
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How to Support me after an emergency	
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Any possible side effects	
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Emergency Contact	
Name	
Work number	
Home number	
Mobile number	
Signed parent / guardian	
Date	

Plan to be reviewed annually on the following date	
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