



Illness/Emergency Action Sheet

Child Name	
Address of Centre/Carer	
Centre/Carer Contact Numbers	
Days/Hours of Attendance	

Medical History

Date of Birth	
Hospital	
Known Allergies/Illnesses	
Is Child on regular medication	
Name of Medication	
Dosage	
How often is medication taken	
Is Immunisation up to date	

Doctors Details

Name	
Practice/Medical Centre	
Address	
Contact Number	

Medicare and Health Fund Details

Medicare Number	
Health Fund	
Member Number	
Table	

Parent and Support Details

Mother Phone Numbers	
Work	
Mobile	
Home	
Father Phone Numbers	
Work	
Mobile	
Home	
Support Phone Numbers	
Name	
Work	
Mobile	
Home	

FamilyBiz

Instructions to be followed if child becomes ill: