

Junior Strider Medical Action Plan

1. Child Information

Full name of child: _____

Date of birth: _____

Address: _____

Parent name(s): _____

Phone number(s): _____

Email: _____

Emergency contact (if parents unavailable): _____

Relationship: _____

Phone: _____

2. Medical Condition(s)

List diagnosed conditions (e.g., asthma, diabetes, epilepsy, allergies, heart condition):

3. Symptoms to Watch For

List early warning signs that indicate a problem or medical emergency for your child:

4. Immediate Initial Care

Describe the initial care or medication required for your child:

5. Emergency Action Plan

If symptoms occur or condition worsens (e.g. further/alternative medication, call parent/guardian, call 999, other actions:

7. Equipment Available To Stamford Striders Juniors Personnel

- ☐ Inhaler
- ☐ EpiPen
- ☐ Insulin / glucose meter
- ☐ Other: _____

8. Instructions for use:

9. Is this medication/equipment always with the child? _____

Please note, we would prefer medication to be left with the child or person taking registration

10. Consent & Authorisation

I authorise Stamford Striders Juniors personnel to follow this medical action plan, administer prescribed medication, and seek emergency medical care if necessary.

Parent signature: _____ Date: _____

11. Review & Updates

Last Reviewed On: _____ Next Review Date: _____