

STUDENT EMERGENCY MEDICAL PLAN

***Form only needs to be renewed annually if medical condition or medications have changed.**

Parents – If your child has a serious or possible life-threatening medical condition we ask that you complete the form below and review it with your health care provider and return the form to the FRONT DESK.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Allergies/Reactions: _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, follow these instructions (Ex: Call 911, administer Epi): _____

(3) To prevent incidents: _____

(4) Other instructions or procedures that may be needed: _____

Note to Health Practitioner: (Please review and approve the above information and complete the following):

Name of Health Practitioner

Date: _____

Signature of Health Practitioner: _____