

## Health Care Plan for

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**Student Name:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_  
**Grade/Section:** \_\_\_\_\_  
**Teacher/Homeroom:** \_\_\_\_\_

In order to plan for your child's care, we need the following information. Please discuss this with your physician and child so all understand and agree about what will happen in the event of an emergency. **If in the judgment of school personnel, a medical emergency exists, 911 will be called.**

**Describe Condition** (for example: symptoms of onset): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Information:

Parent or Guardian names: \_\_\_\_\_  
Father: Telephone (H): \_\_\_\_\_ (C): \_\_\_\_\_  
Mother: Telephone (H): \_\_\_\_\_ (C): \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Emergency Plan:

**List in order the steps to be taken in the event of an emergency;** steps might include giving prescribed medications, calling 911, or calling parents. If an emergency medication is used, 911 will be called.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please note:** if medication is to be given it must be accompanied by a physician's order and consent from the parents using the "Medication Request and Authorization" form.

<b>Parent/Guardian signature:</b> _____	<b>Date:</b> _____
<b>Reviewed by health office:</b> _____	<b>Date:</b> _____
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