Community School Corporation *"Achieving Our Personal Best in Pursuit of Excellence"*

SOUTHERN HANCOCK COUNTY

MEDICAL CONDITION
CARE PLAN

Student Name_____ School Year_____

School_____ Grade____ Birthdate_____

Medical Condition(s):_____

Medications-type, how often:_____

STUDENT SPECIFIC INSTRUCTIONS

If You See This:	**Do This:**

Contact Parent if:_____

Parent's phone #:_____ or _____

IF the Emergency is Life-Threatening:

1. **CALL 911**
2. Notify parent

Comments/Special Instructions:_____

_____

_____ _____
Physician Signature Date

_____ _____
Parent Signature Date