



**Madison County School District
School Health Clinic
Emergency Action Plan**

Dear Parent/Guardian,

You have identified your child as having one or more of the following **Life-Threatening Conditions (Diabetes, Asthma, Seizures, Serious Allergies and/or Other Serious Medical Conditions)** that may require emergency treatment and/or medications to be given at school. Please complete the attached forms and return to the school nurse. The school nurse will then contact you to discuss and review your child's Emergency Action Plan.

If your child does not require the above please complete and sign below.

My child _____ has _____ medical condition, however does not require an Emergency Action Plan and/or Emergency Medication to be given at school. The school is to follow the Madison County School District Emergency Procedure Guide in case of an emergency.

Parent/Guardian Signature: _____ **Date:** _____

Thank you,
Madison County School Nurse

If your child will be carrying an Inhaler, EPI-PEN or other medication, the PARENT/GUARDIAN and HEALTH CARE PROVIDER MUST complete the bottom section of the attached medication consent form and return to the school nurse.

MCS-D-SHC 246 (5-2023)