

School affixes  
orange alert  
label if this is a  
life threatening  
condition

# OKEMOS PUBLIC SCHOOLS

## Medical Information Action Plan

School  
Attaches  
Photo  
Here

**Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_

**Parent Telephone Info:** 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Physician Name/Phone:** \_\_\_\_\_

**Student's Condition** \_\_\_\_\_

**Is this condition life threatening?** YES NO

**Describe Condition:**

**Signs/Symptoms (in detail):**

**Emergency Procedures/Medical Protocol:**

Step 1

Step 2

Step 3

*\*A separate form should be filled out for each medical condition if a student has more than one.*

**Parent:** By submitting this signed form, you give permission for this information to be shared with all appropriate school staff who have contact with this child.

Would you like classroom volunteers to have access to this information? YES NO

\_\_\_\_\_  
Parent Signature (required)

\_\_\_\_\_  
Date

**Physician:** Please sign below to indicate that you recommend/agree with the medical protocol stated above.

\_\_\_\_\_  
Physician Signature (required)

\_\_\_\_\_  
Date