

New Palestine Community Schools

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