

### All Staff Awareness Medical Action Plan

*Note: Please complete this form if your student has a documented medical condition that requires special instructions or safety needs for school.*

Student's Name		Birthdate:	
Parent/Guardian:		Start Date:	
<b>Does your child have a current IEP or 504 Plan?</b>		<input type="checkbox"/> No <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan	
Medical Conditions:	<input type="checkbox"/> Allergies <input type="checkbox"/> Migraines	<input type="checkbox"/> Asthma <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes	<input type="checkbox"/> Other conditions:
<b>Does the student's treating physician consider the medical condition to be life-threatening to your student?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>For allergies: Has your student ever experienced anaphylaxis?</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes <b>Date:</b>	

**Medications**

Medication Name	Dosage	Administered

**Current Management Plan:**

Has the doctor restricted any activities for the student?	
What does the student exhibit or experience at the beginning of a reaction or episode?	
Does the student's current condition require any special equipment at school?	
<b>For students with medical equipment:</b> Does your child monitor their condition with a cell phone?	<input type="checkbox"/> No <input type="checkbox"/> Yes * <b>Explain the purpose of the phone and what it monitors.</b>
Other Information:	

**Student Management Skills/Can the student:**

		Comments/Notes
Avoid allergens or triggers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identify signs/symptoms of reaction or illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alerting others to a possible reaction or upcoming episode	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Self – treat *Must provide documentation from a physician confirming that the student can self-treat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Read and/or control monitoring equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How else can your child manage his or her symptoms?		

**School Instructions or Accommodations:**

Does your child participate in any sports, clubs, activities, or after-school programs that may need access to the medical action plan? Please list:

Field Trips:

- Does your child require a specific lunch from the cafeteria if lunch is eaten on the field trip?  Yes  No
- If your child takes a morning dose of medication and an afternoon dose of medication, does he or she need both doses on field trip days?  Yes  No
- Are there any types of field trips that your student should not attend due to their medical condition?
  - Please describe:

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- Other Field Trip Needs/Concerns:

Allergies:

- Does your child need to sit at a separate table in the cafeteria?  Yes  No
- When does the allergen cause a reaction to your child? When my child:
  - ingests the allergen     physical contact with the allergen     breathes in allergen particles
  - eats other foods or touches objects that have come into contact with the allergen
- Does your child need to sit in a particular place in the classroom because of the allergy?  Yes  No
- Is it okay for your child to use shared materials or technology in the classroom?  Yes  No
- Prefer to bring specific snacks or foods for class parties?  Yes  No\*
  - \* If not, what snacks or foods should be avoided in class or class parties??

*\*Because your child has a medical condition, he or she may be eligible for a 504 plan. A 504 plan is a plan for students who have mental or physical disabilities that substantially limit one or more important life functions. A 504 plan specifies the nature of the student's impairment, the major life functions affected by the impairment, the possible accommodations needed for a student to access the curriculum, and the person(s) responsible for implementing the accommodations. Major life functions include, but are not limited to, caring for oneself, bending over, performing manual tasks, speaking, seeing, breathing, hearing, learning, eating, reading, sleeping, concentrating, walking, thinking, standing, communicating, lifting, working. If you're interested in talking to someone about a 504 plan for your child, alert the school nurse or contact your child's school's student support specialist.*

I would like to request a meeting to discuss considering a 504 accommodation plan for my child.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/guardian signature**