



Ann Arbor Public Schools
Medical Action Plan Form
Rec & Ed Before/After Care Program

ACTION PLAN (One per student)

Note: If your student has an Action Plan from a doctor's office, you may use that instead. All medical forms must be completed annually.

Student Name: _____ Grade: _____

AAPS Childcare Site: _____

Student condition/symptoms: _____

Medications: _____

Location of emergency medication(s): Designated childcare site cabinet.

Allergies: _____

Preferred hospital: _____

In the event of a medical episode, staff should follow these procedures:

1. If: _____

then: _____

2. If: _____

then: _____

3. If: _____

then: _____

Additional information:

Parent/Guardian #1: _____

Cell: _____ Work: _____ Other: _____

Place of employment: _____

Parent/Guardian #2: _____

Cell: _____ Work: _____ Other: _____

Place of Employment: _____

Parent/Guardian Signature: _____ Date: _____