



RIVERVIEW COMMUNITY SCHOOL DISTRICT

13425 COLVIN, RIVERVIEW, MI 48193

Forest Elem: (734)479-2550 | Huntington Elem: (734)283-4820 | Memorial Elem: (734)285-4080 | Seitz MS: (734)285-2043 | RCHS (734)285-7661
Forest Fax: (734)479-2912 | Huntington Fax: (734)285-6650 | Memorial Fax: (734)285-9058 | Seitz Fax: (734)285-6649 | RCHS Fax: (734)285-6598

MEDICAL MANAGEMENT PLAN – MUST BE COMPLETED BY PHYSICIAN OFFICE

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

SCHOOL: _____ **TEACHER:** _____ **GRADE:** _____

CONDITION: _____

SYMPTOMS AND CONSEQUENCES: _____

MEDICAL MANAGEMENT ACTIONS:

IF THIS:	PERFORM THIS ACTION:

EMERGENCY PROCEDURES: _____

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____ **RELATIONSHIP:** _____

GENERAL SAFETY RECOMMENDATIONS AND RESTRICTIONS– MUST BE COMPLETED BY PHYSICIAN OFFICE

CLASSROOM: _____

CAFETERIA: _____

PLAYGROUND/GYM: _____

FIELD TRIPS: _____

TRANSPORTATION: _____

OTHER: _____

HEALTHCARE PROVIDER: _____

ADDRESS: _____ **PHONE:** _____ **FAX:** _____

HEALTHCARE PROVIDER SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I, (parent/ guardian), _____ request that my child, _____, receive the above described medical management at school according to standard school policy, and for the ordering healthcare provider staff and school staff to share information as needed to assist my child with their identified health care needs.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____