



## STUDENT EMERGENCY MEDICAL PLAN

**Form only needs to be renewed annually if medical condition or medications have changed.**

**Parents - If your child has a serious or possible life-threatening medical condition we ask that you complete the form below and review it with your health care provider and return the form to the your classroom teacher as soon as possible!**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s):

---

---

---

Allergies/Reactions:

---

---

---

Medications currently taken by your child:

---

---

Date of child's last tetanus shot: \_\_\_\_\_

### **Emergency Medical Instructions:**

1. Signs/symptoms to look for: \_\_\_\_\_

\_\_\_\_\_

2. If sign/symptoms appear, follow these instructions (Ex. Call 911; admin epi pen):

\_\_\_\_\_

---

3. To prevent incidences: \_\_\_\_\_

---

4. Other instructions or procedures that may be needed: \_\_\_\_\_

---

**Note to Health Practitioner:** (Please review and approve the above information and complete the following):

Name of Health Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

---

Signature of Health Practitioner