

Student Name Grade Age

School Year: 20_____ to 20_____

Health Condition Diagnosed:

Date of Last Review of Plan:

Emergency Response: Have your emergency contacts changed in the last year?

No Yes (please update below)

Emergency Contact # 1
Name Relationship Telephone

Emergency Contact # 2
Name Relationship Telephone

Describe signs or situations that indicate an emergency response is needed.

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List steps to take in the event of an emergency related to this condition.

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Symptoms

List symptoms of the condition that this student is experiencing or may experience, and strategies for managing these symptoms.

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Medications

Provide information about medications this student is taking, including dosage and location for any medications to be given at school. List current or possible side-effects of these medications.

Name	Amount	When to use	Side-effects
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Monitoring

List signs or symptoms that may indicate the condition is not under control or that medication needs to be adjusted. Identify specific steps the student or teacher should take to monitor this condition.

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Triggers and Restrictions

List any foods, activities, situations, etc. that this student should avoid.

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Accommodations and Special Considerations

List any adaptations or strategies that will assist this student in participating as fully as possible.

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Student Name Grade Age

School Year: 20____ to 20_____

The school personnel listed below have received the necessary training to provide the care described above:

Name	Title

Training for the following Service Technique has been delivered:

Health Care Professional's Signature

Date

Parent/Guardian Signature

Date

Principal Signature

Date

Teacher Signature

Date

Other Signature

Date

Supporting Documentation/Additional Information

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Note: The signature of an authorized health care professional is required by the Principal, depending on the level of complexity of the service requested. If additional information is needed, please attach a blank sheet of paper.