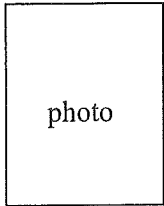


AP 327-1 Medical Alert Planning Form



School Year _____ School Attended: _____

INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

Student Name: _____ Birthdate: (Y/M/D) _____

Parent or Guardian: _____ Home Phone: _____ Bus. Phone: _____

Emergency Contact Name: _____ Phone: _____

Physician: _____ Phone: _____

Potential life threatening medical condition diagnosed as: _____

1. New Condition: Yes No Date condition identified: _____

2. Describe the potential problem: _____

PLAN WHILE IN THE CARE OF THE SCHOOL

The information for the school plan must be updated annually and/or when the child's condition or medication changes. The plan is updated by the student's parent/guardian in consultation with the family physician, and reviewed as needed with the appropriate school staff.

◆ Symptoms to watch for are: _____

◆ Precautions in the classroom are: _____

◆ Emergency Plan school staff need to follow (step by step):

Medication Needed: Yes No Name of Medication: _____

If Yes "Request for Administration of Medication at School" form must be filled out and provided to the school.

Note: Medical Alert training is recommended annually/biannually to school personnel.

INFORMATION REVIEW by parent/guardian (minimum annually)

Date

Parent/Guardian

Date

Physician