

School year \_\_\_\_\_

Student legal last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Other ID# \_\_\_\_\_

Transportation:  Walker  Self Transported  Bus Rider Bus/Route Number \_\_\_\_\_

Parent/Guardian Information

Parent/Guardian \_\_\_\_\_ Primary phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Primary phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Physician and Hospital Information

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Medical Information

Current Medications 

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History 

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Special Precautions 

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**Emergency Intervention**

<b>Moderate Symptoms</b>	<b>Immediate Response</b>
<b>Severe Symptoms</b>	<b>Immediate Response</b>
	<p><b>Call 911</b>                  Notify Parent/Guardian                  Notify School Nurse                  Notify School Principal  <b>Do not leave the student unattended</b></p>

**Classroom Accommodations - Modifications**

\*Report concerns to parent/guardian for physician follow-up\*

**Emergency Contacts**

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Parent/Guardian Signature _____	<b>**Original signature required! Please print and sign.**</b> <i>(This notation will not print.)</i>	Date _____
School Nurse Signature _____	<b>**Original signature required! Please print and sign.**</b> <i>(This notation will not print.)</i>	Date _____
Physician Signature _____	<b>**Original signature required! Please print and sign.**</b> <i>(This notation will not print.)</i>	Date _____

***A copy of this plan will be kept in the school office and copies will be given to:***

- Para educator  
  Transportation  
  Teacher  
  PE Teacher  
  Student Services  
  Health Room  
  Secretary-Principal

Other \_\_\_\_\_

**CONFIDENTIAL INFORMATION - SHRED PRIOR TO DISCARDING**