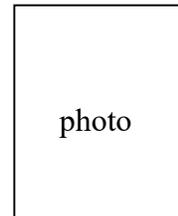


AP 327-1 Medical Alert Planning Form



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: _____

Consulting 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, whenever 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 (minimum annually) 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. For Type 1 Diabetes and Anaphylaxis, a different administration of medication form is required.

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

INFORMATION REVIEW by parent/guardian

Date: _____

Parent/Guardian Signature: _____