

Medical support and action plans

Complete if your child needs medical support at school. Attach the provider's current plan when applicable.

Student name

Date of birth

School year

Parent or guardian phone

Conditions and support needs

☐ Allergy / anaphylaxis

☐ Asthma

☐ Seizure condition

☐ Diabetes

☐ Other medical condition

☐ No medical plan needed

Allergens / triggers / symptoms / other condition

School-day support / activity or food restrictions

Emergency or rescue medication, if prescribed

Provider plans and instructions

Attach the provider's current action plan with emergency steps and medication directions. This page does not replace provider orders. Complete a medication authorization for each medication needed at school.

☐ Provider plan attached

☐ Provider plan already on file

☐ Plan being obtained

☐ Please contact me to discuss

Provider name

Provider phone

In an emergency, the school will call 911. I will notify the office of changes and provide updated plans or instructions as needed.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature