



Care

Date _____

Student's name _____ D.O.B. _____ Grade _____

You have checked on school records that this student has _____. It is important to have at least annual health information when she/he needs help at school. Please complete below. It is the responsibility of parents to provide necessary snacks, medicine and test equipment needed at school. If you have questions, you may call the health care assistant at the student's school.

Daily _____ Management Plan:

How often does _____ occur: _____

Emergency Plan

Indicate the signs that are usually present during _____ attacks.

1. _____ 2. _____ 3. _____ 4. _____

Control of School Environment:

List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent a _____ episode. _____

Daily Medication Plan:

1. _____ 2. _____ 3. _____ 4. _____

The usual procedure at school for the student having _____ is to:

Notify Parent if: _____

Comments/Special Instructions: _____

Parent Signature _____ Date _____