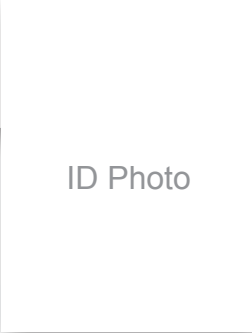




Medical Management Plan

Student Name Grade Age



Health Condition Diagnosed:

Date of Last Review of Plan:

Homeroom Teacher: Room:

Parent Name: Phone (h):

Address: Phone (w):

Parent Name: Phone (h):

Address: Phone (w):

Healthcare Providers: Ph:

..... Ph:

Emergency Response

Emergency Contact # 1
Name Relationship Telephone

Emergency Contact # 2
Name Relationship Telephone

Describe signs or situations that indicate an emergency response is needed.

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List steps to take in the event of an emergency related to this condition.

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Medical Management Plan

Student Name Grade Age

Symptoms

List symptoms of the condition that this student is experiencing or may experience, and strategies for managing these symptoms.

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Medications

Provide information about medications this student is taking, including dosage and location for any medications to be given at school. List current or possible side-effects of these medications.

Name	Amount	When to use	Side-effects
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Monitoring

List signs or symptoms that may indicate the condition is not under control or that medication needs to be adjusted. Identify specific steps the student or teacher should take to monitor this condition.

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Medical Management Plan

Student Name Grade Age

Triggers and Restrictions

List any foods, activities, situations, etc. that this student should avoid.

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Accommodations and Special Considerations

List any adaptations or strategies that will assist this student in participating as fully as possible.

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Healthcare Provider Date

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Parent Signature Date