

**MEDICAL ALERT PLANNING FORM**  
**INFORMATION AND PLAN**  
**WHILE IN THE CARE OF THE SCHOOL**

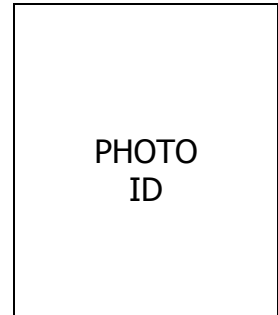
For School Year: \_\_\_\_\_ MSP# \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Y / M / D)

Parent or Guardian \_\_\_\_\_  
Home Phone                      Bus Phone

Emergency Contact Name: \_\_\_\_\_  
Phone

Physician: \_\_\_\_\_  
Phone



**Potentially life threatening medical condition diagnosed as:** \_\_\_\_\_

01. New Condition:  Yes  No      Date condition identified: \_\_\_\_\_

02. Describe the potential problem: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLAN WHILE IN THE CARE OF THE SCHOOL:**

To be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician and reviewed with appropriate school staff in consultation with the public health nurse as needed.

- Symptoms to watch for are: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Precautions in the classroom are: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication needed:  Yes  No      Name of medication: \_\_\_\_\_  
 (If yes Request for Administration of Medication at School" form Parts A, B, & C must be completed and provided to the school)

**\*Emergency Plan** school staff needs to follow (step by step):

01. \_\_\_\_\_
02. \_\_\_\_\_
03. \_\_\_\_\_
04. \_\_\_\_\_
05. \_\_\_\_\_
06. \_\_\_\_\_
07. \_\_\_\_\_
08. \_\_\_\_\_
09. \_\_\_\_\_

**INFORMATION REVIEW by parent/guardian:**  
 (Review minimum annually)

01. \_\_\_\_\_  
Sign & Date
02. \_\_\_\_\_  
Sign & Date
03. \_\_\_\_\_  
Sign & Date
04. \_\_\_\_\_  
Sign & Date

**TRAINING REVIEW:**  
 (Review minimum annually)

01. \_\_\_\_\_  
Sign & Date
02. \_\_\_\_\_  
Sign & Date
03. \_\_\_\_\_  
Sign & Date
04. \_\_\_\_\_  
Sign & Date