

Student's Name: _____
Last First Initial

My child has an emergency medical condition and will need a written emergency care plan completed by the School Nurse.

Please specify:

Asthma _____

Diabetes _____

Life-Threatening Allergy:

Food _____

Insect _____

Medicine _____

Other _____

Heart Condition _____

Seizure Condition _____

Swallowing Problems _____

Other _____

Parent Signature _____

Daytime Phone _____ Date _____