



St. Mark's Episcopal Day School

# Medical Care Plan for Life Threatening Conditions

*In case of an emergency, the school staff will call 911 and will contact a parent, guardian, or designated emergency contact.*

**ALERT TO PARENTS:** If your child has a life threatening medical condition requiring prescribed medication (for example: asthma, diabetes, food/insect allergies with anaphylaxis), it is vital you discuss this with your teacher(s) and the office staff and complete this form **before** the first day of school. **This form must be completed and on file before the child can attend school.**

STUDENT INFORMATION					
Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:

CURRENT MEDICAL CONDITIONS REQUIRING PRESCRIBED MEDICATION		
Medical Condition (be specific, ex: foods to avoid, physical limitations, etc.):		
Signs/symptoms to watch for:		
Name of medication(s):	Dose to be given:	Expiration Date:
<i>All prescription and over the counter medication must be in original containers. These will only be dispensed as indicated on this form.</i>		
Special Instructions for administration of medication:		

PHYSICIAN INFORMATION	
Name of Doctor:	Doctor's Phone #:
Name of Insurance Company:	Insurance Phone #:

As the parent/guardian of this student, I authorize school employees to administer this medication. I understand the school will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school in the original container. The school has my permission, in an emergency when I cannot be contacted, to have my child transported to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

Parent/Legal Guardian Signature:	Date:
Parent/Legal Guardian Name (Please Print):	