



South Lyon Community Schools

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Linda M. Raye, Director of Special Services

Medical Emergency Care Plan for SCHOOL

Student Name: _____ Birth Date: _____ Date: _____

School: _____ Teacher: _____

Grade: _____ Room: _____

Address: _____

Emergency Phone Numbers: _____

Mother: _____

Father: _____

Other: _____

Physician: _____

The following emergency plan is based on a physician's recommendations: Child's symptoms usually are:

Triggered by:

Medical Emergency Care Plan for SCHOOL

Student Name _____ Date _____

When the following symptoms are seen:

Name of Medication and Dosage:

- ◆ If medication has been approved per a physician's order, administer medication.

Other Medical Directives:

IF MEDICATION DOES NOT SEEM TO BE WORKING OR IS NOT AVAILABLE NOTIFY SCHOOL OFFICE TO CALL EMS IMMEDIATELY.

- ◆ Have staff member meet EMS and escort to room.
- ◆ Transport to hospital.

If symptoms improve:

- ◆ Give reassurance.
- ◆ Notify school office.
- ◆ Notify parent

Physician Signature _____

Parent Signature _____

This information expires on the last day of the school year.