



South Lyon Community Schools

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Linda M. Raye, Director of Special Services

Medical Emergency Care Plan for School/Transportation

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:

Student Name _____ Date _____

Treatment Plan for Medical Emergency:
***You may also attach a physician's medical order**

When the following symptoms are seen:

- a. _____
- b. _____
- c. _____
- d. _____

The following actions will be taken per physician's order:

Name of Medication and Dosage

Medication	Dosage	Frequency and conditions for administration

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

Medication Directions:

- ◆ If medication has been approved per a physician's order, administer medication.
- ◆ Notify school office or transportation director to call parent and EMS/911 if the medication does not seem to be working or is not available.
- ◆ Have staff member/driver inform EMS of presenting emergency conditions.
- ◆ Inform EMS to transport to _____ hospital.

Physician Signature _____

Parent Signature _____

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