



South Lyon Community Schools

Special Services Office • 62500-B West Nine Mile Rd. • South Lyon, MI 48178 • (248) 573-8220 • Fax (248) 437-8438
Linda M. Raye, Director of Special Services

Parent Questionnaire Regarding Medical Emergency

Student: _____ Birthdate _____ Date _____

School: _____ Teacher _____

1. Describe what typically happens during the medical emergency.
2. What triggers the medical emergency?
3. Are there any warnings and/or behavior changes before the medical emergency?
4. Describe first aid treatment given at home for the medical emergency.
5. Describe child's reaction to the medical emergency.
6. What medication(s) does your child take:

Medication	Dosage	Frequency and Time of Day Taken

Parent Questionnaire Regarding Medical Emergency -Page 2

7. Check any of the following school related activities that may be limited/affected by your child's medical condition:

- Gym class Lunch Field Trip Sports
 Recess Transportation
 Other (Please specify) _____

Describe any limitations: _____

Physician/Clinic treating you child's medical condition: _____

Physician/Clinic Address: _____

Physician/Clinic Phone: _____

Parent Signature: _____

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