**Health Condition**

Student: DOB:

Insert Student Picture

ID#: Grade:

Parent: Phone:

Physician: Phone:

**General Description and Presentation:**

**Student Specific Information:**

* Triggers/Presentation:
* Parent concerns or requests:
* Medication taken at home
* Emergency Medication (to be provided by parent):
	+ Type:
	+ Location: ☐ School office ☐ Classroom (homeroom) ☐ Student (written parent permission)
	+ Student independence level:

**Daily Needs/Consideration**

|  |  |
| --- | --- |
| **If you see this** | **Do this** |
|  |  |
|  |  |

**Emergency Protocol**

|  |  |
| --- | --- |
| **If you see this** | **Do this** |
|  |  |
|  |  |
|  |  |