

# Medical Care Plan Template

## General Information

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Conditions

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## Emergency Contacts

| Name | Relationship | Daytime Phone | Alternative Phone |
|------|--------------|---------------|-------------------|
|      |              |               |                   |
|      |              |               |                   |
|      |              |               |                   |

## Daily Medication

| Name of Medication | Storage/Location | Dosage | Time of Administration | Disposal |
|--------------------|------------------|--------|------------------------|----------|
|                    |                  |        |                        |          |
|                    |                  |        |                        |          |
|                    |                  |        |                        |          |
|                    |                  |        |                        |          |

## Emergency Medication

| Name of Medication | Storage/Location | Dosage | Time of Administration | Disposal |
|--------------------|------------------|--------|------------------------|----------|
|                    |                  |        |                        |          |
|                    |                  |        |                        |          |

**Preventative Strategies**

---

---

---

**Known Triggers**

---

---

---

---

**Daily / Routine Management**

---

---

---

**Symptoms & Responses**

*For multiple medical conditions, please list symptoms and responses separately.*

| <b>Symptom</b> | <b>Response</b> |
|----------------|-----------------|
|                |                 |
|                |                 |
|                |                 |
|                |                 |
|                |                 |
|                |                 |

*This information will be shared with all relevant staff members (including transportation staff if applicable) who support your child to ensure their health needs are best served.*