

Maple Tree Preschool

Grandville, MI 49418
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Emergency Health Care Plan

Part 1: Completed by Parents

Name: _____ Date: _____

Emergency Health Concern: _____

Factors that trigger Health Concern: _____

Symptoms that develop: _____

Part 2: Completed by Parents and Physician and Signed by Physician. (NOTE! Care likely to be provided by *non-medical* staff). If medication administration is part of the plan, please specify the following information: Name of medication, specific dosage, route and indications for use.

ACTIONS TO TAKE:

1. _____
2. _____
3. _____
4. _____

Physician Signature: _____ Date: _____

Type/Print Physician Name: _____ Phone: _____

Part 2: Completed by Parents

I hereby request and authorize school personnel to follow the steps above as outlined by my physician, including the administration of medications if indicated. School personnel may contact the office of my child's physician for concerns relating to this plan. I understand that I must bring the medication to school myself, and that a new form must be completed for changes and/or additions.

Signed: _____ Date: _____

Emergency Contacts (Names and contact information):

Part 2: Completed by Staff

This document received on _____ (Date) by _____ (Name)

Location of Emergency Meds: _____

(Please See Other Side)

Prescription medication must be in the original container with the pharmacy label. The label must include physician's name, child's name, instruction, and name and strength of the medication.

If non-prescription medication label says to contact physician for dosage, written instruction from the physician is required.