

STUDENT MEDICAL INSTRUCTIONS AND PROCEDURES

STUDENT _____ GRADE _____

PARENT/GUARDIAN _____

HOME ADDRESS _____

CONTACT NUMBER 1 _____

CONTACT NUMBER 2 _____

OTHER CONTACT INFO _____

MEDICATION TO BE GIVEN: _____

TIME OF DAY/FREQUENCY: _____

PRIMARY ADMINISTRATOR OF MEDICATION _____

ALTERNATE ADMINISTRATOR OF MEDICATION _____

LOCATION OF MEDICATION _____

LOCATION OF KEY/COMBINATION _____

POSSIBLE EMERGENCIES/SIDE EFFECTS _____

EMERGENCY ACTIONS TO BE TAKEN _____

COMMUNICATIONS STRATEGY *Who might need to know this student and be able to react to their medical needs? What preventative communications strategies are in place? (posters, pictures, etc.)*

OTHER CONSIDERATIONS _____
