



St. Louis Park Schools Non-Public Health Services  
**EMERGENCY MEDICATION OR MANAGEMENT PLAN**  
School Year \_\_\_\_\_

Dear Parents/Guardian:

We understand that your child has \_\_\_\_\_ which could require emergency medication and/or care. In order to plan for your child's care, we need the following information. Please discuss this with your physician and child so that all persons understand and agree about what will happen in the event of an emergency. Emergency Medical System (911) will be called in emergency situations. This form will be reviewed by the Licensed School Nurse and parents contacted for any clarification.

**Student's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parents/Guardian Names:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

\_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Emergency Contact (if parents unavailable)** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PROCEDURE TO FOLLOW FOR EMERGENCY:**

**Condition that requires emergency care:** \_\_\_\_\_

**Describe what might happen:** \_\_\_\_\_

List in order, the sequence of events that should be done for your child: (i.e. call 911, give Epi-pen, call parents, give other medications, apply ice pack, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

I request the above procedure be followed for my child.

**Parent's/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by Licensed School Nurse:** \_\_\_\_\_ **Date:** \_\_\_\_\_