

Northshore Christian Academy ELC

A Ministry of Northshore Christian Church
5700 – 23rd Drive West ~ Everett ~ WA ~ 98203
Phone: (425) 407-1119 Fax: (425) 322-2386 www.northshorechristianschools.org



MEDICAL ACTION PLAN

Student _____ Date _____

Diagnosis _____

Classification of Condition (Please Check One) Mild _____ Moderate _____
Life-threatening _____

Medication _____

Date of birth _____ Class _____ Teacher _____

Parent _____ Phone number _____

Preferred Hospital _____

Health Care Provider _____ Phone Number _____

Place
Recent
Photo
Here

STUDENT SPECIFIC INTERVENTIONS:

<u>IF YOU SEE THIS</u>	<u>DO THIS</u>
Minor Symptoms:	Action for Minor Symptoms:
	(If condition does not improve within 10 Minutes, follow steps for Major Symptoms below.)
Major Symptoms:	Action for Major Symptoms:

HAVE YOU TURNED IN AN AUTHORIZATION FOR MEDICATION FORM IF MEDICATION NEEDS TO BE TAKEN WHILE YOUR CHILD IS IN CARE? YES _____ NO _____

ADDITIONAL COMMENTS:

IF AN EMERGENCY OCCURS:

1. We will stay with student or designate another adult to do so.
2. Call or designate someone to call the director, principal, or 911.
3. We will call you.

The Medical Action Plan will be distributed to the following:

Classroom Teacher _____ Director _____