

Medical Action Plan

Child's Name: _____

Child's age and teacher name: _____

Health concern: _____

Signs and symptoms if the child has a medical issue with this health concern while at preschool

What medications are left at school and what are the dosage instructions: _____

Please list in order what you want us to do if we have a medical issue at school

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

Who do we call if we have a medical issue while at school?

1. _____
2. _____
3. _____

I give First Baptist Church permission to treat my child using the information above if they have a medical issue concerning their health concern. A parent will always be called. I understand it is my responsibility to keep my contact information and all medical information up to date.

Parent signature: _____ Date: _____