



Medical Management Plan Template

Medical Conditions Information

STUDENT		
Name:	Grade:	Age:
Health Condition Diagnosed:		
Date of Last Review of Plan:		
Homeroom Teacher:	Room:	
PARENT 1		
Name:	Address:	
Phone (W):	Phone (H):	
PARENT 2		
Name:	Address:	
Phone (W):	Phone (H):	
HEALTHCARE PROVIDERS		
Name:	Phone:	
Name:	Phone:	

Emergency Response

EMERGENCY CONTACT #1		
Name:	Relationship:	Telephone:
EMERGENCY CONTACT #2		
Name:	Relationship:	Telephone:
Describe signs or situations that indicate an emergency response is needed.		
List steps to take in the event of an emergency related to this condition.		

Symptoms

List symptoms of the condition that this student is experiencing or may experience, and strategies for managing these

Medications

Provide information about medications this student is taking, including dosage and location for any medications to be given at school. List current or possible side-effects of these medications.		
Name:	Amount:	When to Use:
Side-effects:		

Monitoring

List signs or symptoms that may indicate the condition is not under control or that medication needs to be adjusted. Identify specific steps that student or teacher should take to monitor this condition.

Triggers and Restrictions

List any foods, activities, situations, etc. that this student should avoid.

Accommodations and Special Considerations

List any adaptations or strategies that will assist this student in participating as fully as possible.