



## Health Services Student Health Condition List

Teacher Name: \_\_\_\_\_ Grade/Period: \_\_\_\_\_ Date: \_\_\_\_\_

The following condition/s may need emergent care. Follow the Emergency Care Plan Booklet for step-to-step care for each health condition. Familiarize yourself with student's health condition/s, the signs and symptoms that may require emergent care, and what may be needed for care. Health Conditions and ECPs are to remain confidential. Please keep in a secure location and not out in the open.

Keep the Student Health Condition List in a secure location and not out in the open. Please keep secure and carry the Emergency Care Plan Booklet and the Student Health Condition List on all school emergency drills.

If You See This	Do This
<ul style="list-style-type: none"><li>A student with a health condition requiring emergent care</li></ul>	<b><u>Stay with student, keep student calm/quiet</u></b> <ol style="list-style-type: none"><li>Let student self-administer emergency medication OR</li><li>Assist student or administer emergency medication if trained</li><li>Call 911</li><li>Send for School Nurse</li><li>Call Parent/Guardian</li><li>Notify Administration</li></ol>

Student	Health Condition	Name of <u>Emergency Medication</u> located on student or in clinic
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		