



**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.

<b>If You See This</b>	<b>Do This</b>
<ul style="list-style-type: none"> <li>A student with a health condition requiring emergent care</li> </ul>	<p><b><u>Stay with student, keep student calm/quiet</u></b></p> <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>

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