

MEMO

To: PARENTS
From: Jane Stubblefield
Subject: ACTION FOR SPECIFIC STUDENT MEDICAL EMERGENCIES
Date: March 8, 2005

MEDICAL ACTION PLAN

Medical Situation: _____

Student's Name: _____ DOB _____ Teacher _____

Action for Minor

Reaction: _____

Action for Major

Reaction: _____

Parent's Signature _____ Date _____ Doctor's Signature _____