

# LAKE VILLA COMMUNITY CONSOLIDATED SCHOOL DISTRICT #41

131 McKinley Avenue Lake Villa, Illinois 60046-8986 www.district41.org Phone: 847/356-2385 Fax: 847/356-2670

## EMERGENCY HEALTH PLAN

**Dear Parent/Guardian:**

Your child has been noted to have a significant food, or stinging insect allergy, or other health related condition that could require emergency treatment while in school. In order to ensure the best possible treatment plan, your child's physician should formulate an **EMERGENCY HEALTH CARE PLAN** that the school can follow. The usual **MEDICATION ADMINISTRATION FORM** must be completed by the physician to enable us to administer an EpiPen, Benadryl, or other designated medication and should be returned with this plan.

STUDENT NAME		TODAYS DATE	SCHOOL
STUDENT'S ADDRESS (Street, City, State, Zip Code)		PARENT/GUARDIAN NAMES	
DATE OF BIRTH (Mo/Day/Yr)	GRADE	PARENT/GUARDIAN TELEPHONE NUMBER (Include Area Code)	
		Home:	Work:
ADDITIONAL CONTACT(s) & PHONE(s)		ADDITIONAL CONTACT(s) & PHONE(s)	

Please Print	<b>TO BE COMPLETED BY PHYSICIAN</b>
Physician Name	Physician Telephone (Include Area Code)

My patient, \_\_\_\_\_ has a life threatening allergy or other health related condition that may require emergency medical treatment. Please document allergy or other health related condition:

Signs and symptoms of this student's health condition that should be noted:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Follow this treatment plan:**

1. Administer: \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Additional Instructions:

\_\_\_\_\_

Physician Signature:	Date: