School affixes orange alert label if this is a life threatening condition

OKEMOS PUBLIC SCHOOLS Medical Information Action Plan

School Attaches Photo Here

Parent Telephone Info: 1)	Name:	Birth date:		
Teacher: Physician Name/Phone:	Parent Name(s):			
Student's Condition Is this condition life threatening? YES NO Describe Condition: Signs/Symptoms (in detail): Emergency Procedures/Medical Protocol: Step 1 Step 2 Step 3 *A separate form should be filled out for each medical condition if a student has more than one. Parent: By submitting this signed form, you give permission for this information to be shared with all appropriate school staff who have contact with this child. Would you like classroom volunteers to have access to this information? YES NO Parent Signature (required) Date	Parent Telephone Info: 1)	2)	·	
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Physician: Please sign below to indicate that you recommend/agree with the medical protocol stated above.	Parent Signature (required)	Date		
Physician Signature (required) Date FlemMedicalInfoActPlan	Physician Signature (required)	Date		