

# Emergency Health Care Plan Maple Tree Preschool

Grandville, MI 49418  
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## Part 1: Completed by Parents

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency health concern: \_\_\_\_\_

Factors that trigger health concern: \_\_\_\_\_

Symptoms that develop: \_\_\_\_\_

**Part 2: Completed by Parents & Physician. Signed by Physician** (NOTE: Care likely to be provided by *non-medical* staff) If medication administration is part of the plan, please specify the following information: name of medication, specific dosage, directions, and indications for use.

### ACTIONS TO TAKE:

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

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Type/Print Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part 3: Completed by Parents** I hereby request and authorize school personnel to follow the steps above as outlined by my physician, including the administration of medications if indicated. School personnel may contact the office of my child's physician for concerns relating to this plan. I understand that I must bring the medication to school myself and that a new form must be completed for changes and/or additions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contacts (Names and contact information):  
\_\_\_\_\_  
\_\_\_\_\_

## Part 4: Completed by Maple Tree Preschool Staff

This document received on \_\_\_\_\_ (Date) by \_\_\_\_\_ (Name)

Location of emergency medications: \_\_\_\_\_

Prescription medication must be in the original container with the pharmacy label.

The label must include physician's name, child's name, instructions, and name and strength of the medication.

If non-prescription medication label says to contact physician for dosage, written instruction from the physician is required.