



WOODHAVEN-BROWNSTOWN SCHOOL DISTRICT

Learning and Leading for Tomorrow

Special Services

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Joanne Weise, Director
Irene Miekis, Supervisor

MEDICAL MANAGEMENT PLAN

Student Name: _____ DOB: _____

School: _____ Grade: _____

Teachers: _____

Condition: _____

Symptoms and

Consequences: _____

MEDICAL MANAGEMENT ACTIONS

IF THIS	PERFORM THIS ACTION

Emergency

Procedures: _____

Emergency Contacts:

1. Name: _____

Phone: _____

Relation to Student: _____

2. Name: _____

3. Phone: _____

Relation to Student: _____

4. Name: _____

5. Phone: _____

Relation to Student: _____

GENERAL SAFETY RECOMMENDATIONS AND RESTRICTIONS

In the
classroom: _____

—

In the
cafeteria: _____

—

On the playground and in
gym: _____

On field
trips: _____

During
transportation: _____

Other: _____

Healthcare Provider: _____
Phone: _____

Address: _____

Healthcare Provider Signature: _____
Date: _____

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To be completed by parent/guardian:

I, _____, parent/legal guardian request that my child,

_____, receive the above described medical management at
school according to standard school policy and for ordering healthcare provider staff and
school staff to share information as needed to assist my child with his/her identified
healthcare needs.

Parent/Guardian Signature: _____
Date: _____

This form expires June 30, 20__