



# WOODHAVEN-BROWNSTOWN SCHOOL DISTRICT

*Learning and Leading for Tomorrow*

## **Special Services**

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Matthew Salah, Director

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## **MEDICAL MANAGEMENT PLAN**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Teacher(s):**

\_\_\_\_\_

**Condition:** \_\_\_\_\_

\_\_\_\_\_

—  
**Symptoms and**

**Consequences:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Student Photo*

### **Medical Management Actions:**

<b>IF THIS</b>	<b>PERFORM THIS ACTION</b>

Emergency Procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

1. Name:

\_\_\_\_\_

Phone: \_\_\_\_\_ Relation to student: \_\_\_\_\_

2. Name:

\_\_\_\_\_

Phone: \_\_\_\_\_ Relation to student: \_\_\_\_\_

3. Name:

\_\_\_\_\_

Phone: \_\_\_\_\_ Relation to student: \_\_\_\_\_

**General Safety Recommendations and Restrictions**

**In the classroom:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In the cafeteria:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On the playground and in the gym:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On field trips:**

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**During transportation:**

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**Other:**

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**Healthcare Provider Name:**

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**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Healthcare Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**To be completed by parent/guardian:**

I, (parent/guardian), \_\_\_\_\_ request that my child, \_\_\_\_\_, receive the above described medical management at school according to standard school policy, and for the ordering healthcare provider staff and school staff to share information as needed to assist my child with his/her identified health care needs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_