



WOODHAVEN-BROWNSTOWN SCHOOL DISTRICT

Learning and Leading for Tomorrow

Special Services Department
22650 Sibley Road
Brownstown, MI 48193
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Joanne Weise, Special Services Director
Lisa Perugi, Special Services 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: _____
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: _____

During Transportation: _____

Other: _____

Healthcare Provider: _____

Address: _____ Phone: _____

Healthcare Provider Signature: _____ Date: _____

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 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 information expires on June 30, _____.