

GIBRALTAR SCHOOL DISTRICT  
19370 Vreeland Road, Woodhaven, MI 48183  
Phone: (734) 379-6365 Fax: (734) 379-6366

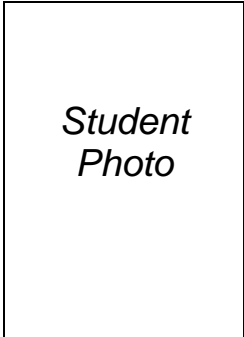
**MEDICAL MANAGEMENT PLAN**

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

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

Teacher(s): \_\_\_\_\_

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 Name:** \_\_\_\_\_

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