

**STMCS Medical Management Plan
Student with Medical Concerns – Special Meds Prescribed**

This plan should be completed by the student's parents/guardians. It should be reviewed with school staff, and copies should be kept in a place that is easily accessed by trained and authorized personnel.

School Responsibilities:

- Notify teachers of concern
- Make every effort to assure that staff are aware and trained in responding
- Assist with meds if prescribed by a doctor and requested by parents

Parent Responsibilities

- Notify school of medical concern
- Supply school with any information or necessary equipment to meet the needs of the student (ie. Meds, lockbox, etc)
- Give school emergency medical number for questions if parent is not available
- Be financially responsible for all emergency medical costs that are incurred for the safety of the child

Instructions for when a medical emergency/medicine dosing takes place while at school:

This Medical Management Plan has been approved by:

Student's Physician/Health Care Provider _____ (only needed if meds are prescribed)
Date

Student's Parent/Guardian _____
Date

I give permission to the designated staff members of STM Preschool to perform and carry out the tasks as outlined by _____'s Medical Management Plan. I consent to the release of information contained in this Medical Management Plan to all staff members and other adults who are caring for my child and who may need to know this information to maintain my child's health and safety. I also agree to the parental responsibilities listed in this Medical Management Plan and to be financially responsible if emergency medical costs are incurred for the health and safety of the child.

Acknowledged and Reviewed by:

Student's Parent/Guardian _____
Date

Student's Classroom Teacher _____
Date

STMCS Principal _____
Date