

**Student Individual Emergency Medical Plan (IEMP)**

**Student's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Parent's/Guardian's Name** \_\_\_\_\_

**Student's primary diagnosis or presenting problem:** Describe characteristics of disorder and provide physician note of diagnosis and treatment and care while student at school. Ex. Seizure-what does it look like, peanut allergy-what happens, diabetes, severe asthmatic-describe symptoms.

- 1)
- 2)
- 3)

**Allergies:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is he/she allergic to and describe their reaction.

**Medical History:**

**Onset of disorder/illness & last episode:**

**Current Medications:** List any unusual behavior with medicines

Medications	Health Problem	How often	How given	Physician
-------------	----------------	-----------	-----------	-----------

- 1.
- 2.
- 3.

**Emergency Plan**

behaviors. Usually these come from your physician and from your experience with your child. Please list symptoms when 911 is to be called based on your child's diagnosis or disorder.

**Health Problem / disorder / symptoms**

**Directions for care**

The following procedures, ie gastric tube feeding, suctioning, use of VNS, etc are needed by my child at school following instructions from parents & or physician. Some procedures may be performed by classroom staff. List all procedures. Parents will provide all necessary equipment. Examples below as applicable:

Seizure and Respiratory management. Administration of Oxygen, and monitoring with pulse oximeter, G-tube feeds and medicine administration, SVN treatments, Chest percussion, etc

Parents please sign below and have physician sign

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date