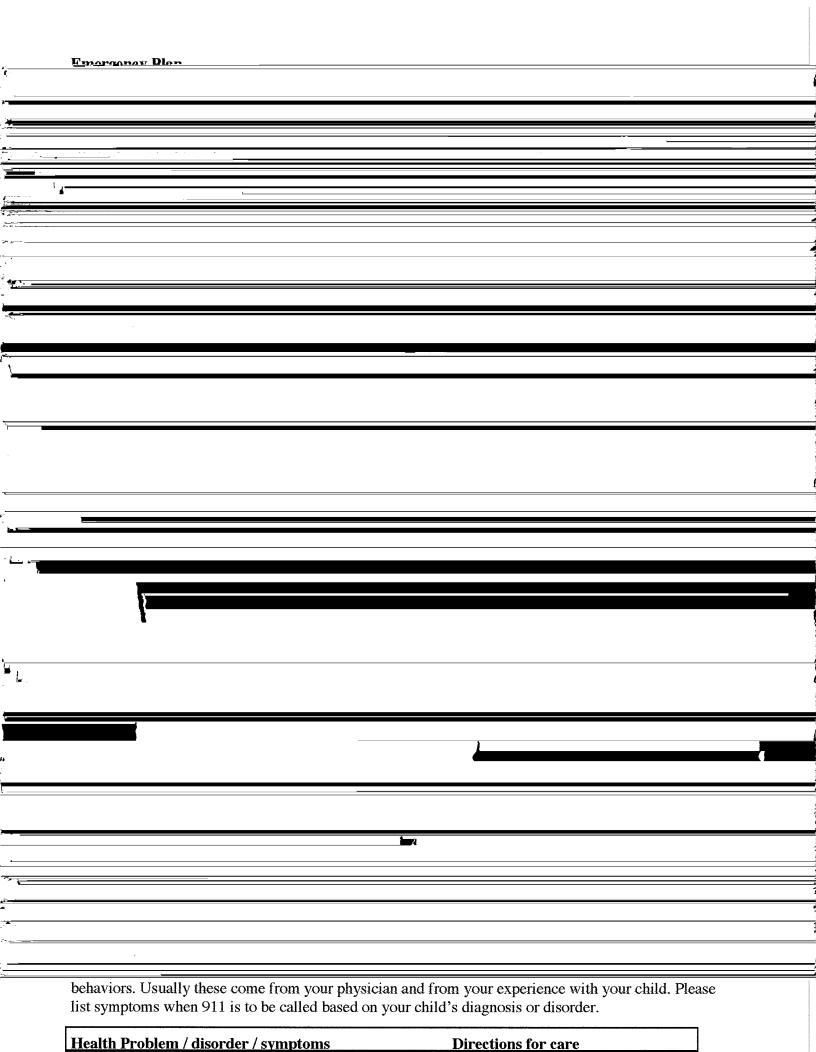
Student Individual Emergency Medical Plan (IEMP)

	Student's Name:	Sex	<u>: Bir</u>	thday		
	<u> </u>					
	· · · -· · · -				E	
	Parent's/Guardian's Na	me	<u> </u>			
	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: YesNo_	If yes, what is he/sh	ne allergic to	and describe their react	tion.	
_	Medical History:					
	Onset of disorder/illness	& last episode:				
	Cyrrent Madicetions: 1	ict any unucual hehavio	r with medic	nec		
•						
- 77.*-						
	-		-115			
, .	Medications	Health Problem	How often	How given	Physician	
<u> </u>	1					



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 CVM treatments Cheet nerouscien ate Daganta plance cian balan and have abrecision cian

Date

Parent's / Guardian's Signature