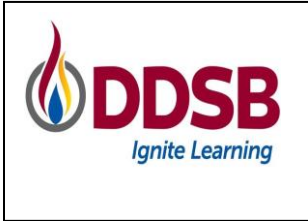


J. Clarke Richardson Collegiate



SEVERE MEDICAL CONDITIONS FORM

Student Name: _____

Parent Name: _____

Teacher: _____

Room Number: _____

Insert Student Photo Here

Medical Condition

Signs and Symptoms

Procedure to be Followed

Emergency Contact Numbers

(name and number)

Parent One: _____

Parent Two: _____

Other: _____

Other: _____

Physician: _____

School Prevention & Intervention Plan

This plan will be reviewed annually. A copy will be provided to all appropriate personnel for student safety.

Parent / Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____