



**WESTBURY
CHRISTIAN**
EST. 1975

Westbury Christian School Medical/Allergy Action Plan

School Year _____

STUDENT NAME _____ GRADE: _____

ALLERGIES/
CONDITIONS _____

REACTIONS _____

PARENT NAME _____ NUMBER: _____

EMERGENCY
CONTACT NAME _____ NUMBER: _____

PREFERRED
HOSPITAL _____

SIGNIFICANT
MEDICAL
HISTORY _____

MEDICATIONS _____

PHYSICIAN'S
NAME _____ NUMBER: _____

THIS SECTION TO BE FILLED OUT BY MEDICAL CARE PROVIDER BASED ON MEDICAL CONDITION

DIAGNOSED MEDICAL/ALLERGY CONDITION: _____

MILD SYMPTOMS OF CONDITION:	TREATMENT OF SYMPTOM:
1. _____ _____	_____ _____
2. _____ _____	_____ _____
3. _____ _____	_____ _____

MODERATE SYMPTOMS OF CONDITION:	TREATMENT OF SYMPTOM:
1. _____ _____	_____ _____
2. _____ _____	_____ _____
3. _____ _____	_____ _____

SEVERE SYMPTOMS OF CONDITION:	TREATMENT OF SYMPTOM:
1. _____ _____	_____ _____
2. _____ _____	_____ _____
3. _____ _____	_____ _____

COMMENTS: _____

PARENT'S SIGNATURE: _____ **DATE:** _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____