



An educational ministry of the Daughters of Our Lady of the Garden since 1972

INDIVIDUALIZED EMERGENCY MEDICAL PLAN (IEMP)

CURRENT HEALTH STATUS OF STUDENT WITH SPECIAL HEALTH PROBLEM

(To be completed by parent or guardian)

Child's Name: _____ Sex: _____ Birth date: ____/____/____
Parent's/Guardian's Name: _____ Daytime phone: _____ - _____

Child's primary care physician (not specialists): _____
Address: _____ Phone: _____ - _____

Does your child have allergies? Yes No If yes, to what?

Please list below a systematic emergency plan for your child for each health problem.

Health Problem	Emergency Instructions
#1 _____	1. _____ 2. _____ 3. _____ 4. _____
#2 _____	1. _____ 2. _____ 3. _____ 4. _____

Use reverse side of page or separate sheet if you need additional space to list health problems.

Is your child prone to any special health problems on a regular basis? Yes No

Is there a special way your child behaves when he/she is ill or about to become ill? Yes No

Please list all medications that your child is currently taking and the physician prescribing each one.

	Medication	How Often	Health Problem	Physician
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please list specialists, clinics, therapists, or other physicians consulted for your child, the problems involved, and dates of the most recent exam.

	MD or Other Specialist	Problem	Date Last Visited
1.	_____	_____	___/___/___
2.	_____	_____	___/___/___
3.	_____	_____	___/___/___
4.	_____	_____	___/___/___

May the director or a teacher contact any of the above listed health professionals in the event of a concern or a question? Yes No

Please offer any comments or explanations of answers to any of the questions on this form:

Parent's/Guardian's Signature

___/___/___
Date