

GHS Individualized Emergency Medical Plan (IEMP)

Current Health Status of Student with Special Health Problems

(To be completed by a parent or guardian)

Student Name _____

Sex ____ DOB _____

Parent/Guardian
Name _____

Daytime Phone _____

Parent/Guardian
Name _____

Daytime Phone _____

Physician's
name: _____

Phone: _____

Student's primary diagnosis or presenting
problem: _____

Does your child have allergies? Yes ____ No ____

If yes, what is he/she allergic to? _____

PLEASE LIST BELOW A STEP BY STEP EMERGENCY PLAN FOR YOUR CHILD FOR EACH HEALTH PROBLEM. THE SCHOOL NURSE IS AVAILABLE TO HELP YOU.

HEALTH PROBLEM DIRECTIONS FOR EMERG.

#1.

1.

2.

3.

4.

#2.

1.

2.

3.

4.

Does your child have any particular health problem other than the above or on a daily medication?

Yes _____ No _____ If yes, please elaborate _____

Is there a special way your child behaves when he/she is ill or about to become ill?

Yes _____ No _____ If yes, please describe: _____

Please list all the medications that your child is currently taking and the MD who prescribed the medication.

Medication	Physician	Reason	How Often
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1.

2.

3.

4.

5.

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

MD or other specialist	Problem	Date of Last Visit
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1.

2.

3.

4.

Any other problems, concerns or comments:

Physician's
Signature

Date: _____

Parent's Signature: _____ Date: _____

The School Nurse has permission to contact your child's physician with questions or concerns in making an emergency plan for your child. Yes _____ No _____

Parent's Signature: _____ Date: _____