



Cole Valley Christian Schools  
200 E. Carlton Ave  
Meridian, ID 83642  
208-947-1212  
[www.colevalleychristian.org](http://www.colevalleychristian.org)  
[www.discovercolevalley.com](http://www.discovercolevalley.com)

## Special Medical Condition Action Plan

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Medical Condition:

\_\_\_\_\_

Does student take medication(s) to manage his/her condition? \_\_\_ Yes \_\_\_ No

If yes:

Medication Name	Dosage	Needed at school
_____	_____	___ Yes ___ No
_____	_____	___ Yes ___ No
_____	_____	___ Yes ___ No

Please list any specific comments/concerns you wish us to be aware of regarding your student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your student had any emergency or severe symptoms related to this condition? \_\_\_ Yes \_\_\_ No

If yes, describe emergency symptoms.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this reaction occurs at school, I request the following steps be taken:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Parent/Guardian Signature:

Date:

\_\_\_\_\_