



Health Services

Field Trip Health Condition List

Teacher Name: _____ Date: _____

The following condition/s may need emergent care. Follow the Emergency Care Plan Booklet for step-to-step care for each health condition. Familiarize yourself with student’s health condition/s, the signs and symptoms that may require emergent care, and what may be needed for care.

If You See This	Do This
A student with a health condition requiring emergent care	<p><u>Stay with student, keep student calm/quiet</u></p> <ol style="list-style-type: none"> 1. Let student self-administer emergency medication OR 2. Assist student or administer emergency medication if trained 3. Call 911 4. Call Parent/Guardian 5. Notify Administration

	STUDENT	HEALTH CONDITION	EMERGENCY MEDICATION
1			
2			
3			
4			
5			
6			
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