



LIFE THREATENING MANAGEMENT AND PREVENTION PLAN

SECTION C MANAGEMENT AND PREVENTION PLAN FOR ALL LIFE-THREATENING CONDITIONS, INCLUDING BUT NOT LIMITED TO ANAPHYLAXIS, DIABETES, DNR, AND OTHER MEDICAL CONDITIONS. FOR ASTHMA, USE FORM 516-1.

Specify Medical Condition: _____

Particulars of plan:

Health Care Provider Signature

I hereby agree with the diagnosis of this student, the medication, and the plan above.

Health Care Provider (Please Print) Signature Date

SECTION D OTHER COMMENTS

Parent/Guardian Signature

I hereby authorize any adult to administer an EpiPen® (or other form of auto-injector) to the above-named student in the event of a suspected anaphylactic reaction, and authorize any adult to follow the life-threatening management and prevention plan as outlined above, or for other medical concerns, follow the above plan.

Parent/Guardian Name (Please Print) Signature Date

Authorization for the collection of this information is in the Education Act. The purpose is to collect and share medical information and to administer proper medical care in the event of an emergency or life-threatening situation. Users of this information may be principals, teachers, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of one calendar year. Contact person concerning this collection is the school principal.