

Barrow County School System  
Miscellaneous Student Health Action Plan

Student's Name _____	Birth Date _____
School _____	School Year _____
Grade _____	Teacher _____

**Health Information for teachers**

The above named student has a health condition of which you as the teacher need to be aware.

**Medical Diagnosis / Condition:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual Considerations** \_\_\_\_\_  
\_\_\_\_\_

**Seek emergency medical care if the student has any of the following:**

- |  |  |
|--|--|
| * <i>Difficulty breathing or respiratory distress</i>            | * <i>Poisoning</i>                     |
| * <i>Chest pains which do not improve within a few minutes</i>   | * <i>Loss of consciousness</i>         |
| * <i>Uncontrolled or severe bleeding</i>                         | * <i>Severe allergic reactions</i>     |
| * <i>Extensive burns</i>   | * <i>Severe, unaccustomed headache</i> |
| * <i>Seizure activity lasting 5 minutes or longer</i>            | * <i>Chemical injuries</i>             |
| * <i>Weakness to one side of the body or difficulty speaking</i> |  |

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

School Administrator \_\_\_\_\_ Date \_\_\_\_\_

School Nurse / Clinic Secretary \_\_\_\_\_ Date \_\_\_\_\_

*Please note this is confidential information for Barrow County School System employees only.  
Please keep it in a secure place.*