

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.*