

Great Falls Public Schools  
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Great Falls, MT 59403  
Phone: (406) 268-6025  
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## Student Health Care Plan

As a parent/guardian, you have indicated that your child has an ongoing medical condition that may need specific/special attention at school.

***Please complete this form and return it to the main office.***

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ ID#: \_\_\_\_\_

Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Identify the student's medical condition:

Identify warning signs:

Identify steps to be taken in a medical emergency or should warning signs present themselves:

Who needs to be contacted when emergency intervention is required?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone# \_\_\_\_\_

*If you feel you need to meet with the Principal or an Associate Principal regarding your son or daughter's health care plan, please call the school to make an appointment.*