

Medical Action Plan

Description of Condition _____



CrossWays
Preschool

Child's Name _____

Teacher _____

Room _____

Signs to Watch For: _____

Steps To Take To Avoid An Emergency: _____

What To Do In The Event Of An Emergency: _____

Furthur Information: _____

Parent's Signature _____ Date: _____

Doctor's Signature _____ Date: _____

Emergency Contacts

1. _____
Relation: _____ Phone Number: _____

2. _____
Relation: _____ Phone Number: _____

3. _____
Relation: _____ Phone Number: _____