

NCA SUMMER PROGRAM

A Ministry of Northshore Christian Church and Academy
5700 ~ 23rd Drive West ~ Everett ~ WA ~ 98203
Phone: (425) 407-1119 Fax: (425) 322-2386 www.northshorechristianschools.org

Medical Action Plan

Student _____ Date _____

Diagnosis _____

Classification of Condition (Please Check One) Mild _____ Severe _____

Medication _____

Date of birth _____ Grade _____ Teacher _____

Parent _____ Phone number _____

Preferred Hospital _____

Physician _____ Phone Number _____

Student Specific Emergencies:

<u>IF YOU SEE THIS</u>	<u>DO THIS</u>
Symptoms of a Minor Reaction:	Action for a Minor Reaction:
	(If condition does not improve within 10 Minutes, follow steps for a Major Reaction below.)
Symptoms of a Major Reaction:	Action for a Major Reaction:

Have you turned in an Authorization for Medication Form if medication needs to be taken while your child is at REAL?
Yes _____ No _____

Additional Comments:

IF AN EMERGENCY OCCURS:

1. We will stay with student or designate another adult to do so.
2. Call or designate someone to call the director, principal, or 911.
3. We will call you.

The emergency plan will be distributed to the following:

Classroom Teacher

Summer Program Supervisor

Summer Director