



Health Care Plan of Action 2018-2019 School Year

Child's Name:	Date of Birth/Age:
Health Concern:	
Is this health concern life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, emergency medication (inhaler, epi-pen, etc.) is required at the YMCA site before your child can attend. <i>We do not have access to medicine that the school has</i>	
Triggers:	
Signs/Symptoms:	
Plan of Action:	
Medications: (Requires a separate Medication Authorization form)	
Additional Notes:	

Parent/Guardian Signature

Daytime phone

Date

Site Coordinator Signature

Date