

Springvale Christian Academy

1700 Clark Drive

Telephone (513) 575-9104 Fax (513) 239-8114

Loveland, Ohio 45140

Medical/Physical Care Plan

_____ / ____ / ____		
Child's Name: First	Last	Date of Birth
Describe the Health Condition		

Describe the medical procedure to be completed and expected benefits of treatment		

List of activities/foods/environmental conditions to avoid		

Symptoms to watch for and actions to be taken if the symptoms are observed		
Is any medication required? If yes, please advise what medication and dosage.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
In the event that the school must be evacuated, are there medications that need to accompany the child?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
I give permission for the staff at Springvale Christian Academy to perform necessary procedures as described above.		
_____		_____
Parent's Signature		Date