

**SD 42 PROCEDURE: 9610.1**

**MEDICAL INTERVENTION**

**Process**

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*"Regarding Health Care Needs of Children at School:*

*If your child has any health care needs that require support at school, including the administration of medication, please contact the school."*

- a)                   **Anaphylaxis**
- b)                   **Diabetes**
- c)                   **Seizures**
- d)                   **other medical intervention**

- a)
-

c)

d)

a)

b)

c)

d)

**APPROVED: September 23, 2015**  
**UPDATED: November 2023**



# MEDICAL INTERVENTION FORM

**NOTE: NO MEDICATION WILL BE GIVEN UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE SCHOOL.**



**NOTE: Complete an Anaphylaxis Emergency Procedure Plan for Anaphylaxis; a Diabetes Support Plan for Diabetes Management; a Seizure Action Plan for Seizures INSTEAD of this form. This form is only used for medical interventions other than anaphylaxis, diabetes and seizures.**

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## Administration of Medication Record

Top section to be completed by Parent(s)/Guardian(s)

Student Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Directions for Use