

Describe the necessary action or intervention to appropriately treat this medical condition:	
Step 1	
Step 2	
Step 3	
Step 4	
Step 5	
Is medication needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If medication is needed, parent(s)/guardian(s) must complete a Request for Administration of Medication Form and no medication can be administered until that form is completed and returned to the school.	

I have read and verified that the above information is correct.

_____	_____	_____
Parent/Guardian First Name	Parent/Guardian Last Name	Date

Copies to:

- | | | |
|--|---|---|
| <input type="checkbox"/> Parent(s)/Guardian(s) | <input type="checkbox"/> G4 File | <input type="checkbox"/> Medical Alert Red Binder |
| <input type="checkbox"/> TTOC Book | <input type="checkbox"/> Student’s Fanny Pack | |