



St. Gregory the Great Catholic School
2024-2025

Place
Picture
Here

Life Threatening Emergency Medical Form

(EDUCATION CODE SECTION 49423)

- Use of this form is limited **only to students with life threatening medical conditions** that may require the emergency administration of an epinephrine auto-injector or other emergency medical attention.
- Please ensure that this form is filled out completely, legibly and in pen.
- This form shall be updated yearly and/or as medical information changes.

Student's Name: _____

Date of Birth: _____ Grade: _____ Date: _____

Life Threatening Medical Condition(s):

- ☐ Allergy/Anaphylaxis to _____
- My child needs to sit at the allergy lunch table: ☐ YES ☐ NO
 - HISTORY OF ANAPHYLAXIS? ☐ YES ☐ NO
- ☐ Asthma
- ☐ Diabetes
- ☐ Seizure
- ☐ Other _____

ACTION PLAN: List steps to be taken in a concise and legible format:

I have read and accept conditions set forth by St. Gregory the Great Catholic School for Emergency Medical Treatment.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

MEDICATION	DOSAGE	INSTRUCTIONS

Physician Name (PRINT)

Physician's Signature

Date

CA Medical License Number

Phone Number

Fax