



**ST. GREGORY  
THE GREAT**  
CATHOLIC SCHOOL

# St. Gregory the Great Catholic School

2026-2027

## 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:

STEP 1: \_\_\_\_\_

STEP 2: \_\_\_\_\_

STEP 3: \_\_\_\_\_

STEP 4: \_\_\_\_\_

OTHER: \_\_\_\_\_

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

