STGGCS 2026-2027 LIFE-THREATENING MEDICAL CONDITION and EMERGENCY ACTION PLAN

California Education Code §§ 49414 and 49423

IMPORTANT: This form is for students with a life-threatening medical condition that may require emergency medication or other immediate medical attention. Parents must complete a new form each school year and update it immediately whenever the student's condition, medication, dosage, frequency, emergency instructions, or other relevant medical information changes.

STUDENT INFORMATION

Student Name: _____	Student Grade: _____
Student Date of Birth: _____	School Year: 2026-2027

LIFE-THREATENING MEDICAL CONDITION

☐ Allergy/Anaphylaxis ☐ Severe Asthma ☐ Diabetes ☐ Seizure Disorder

☐ Other: _____

For Allergy/Anaphylaxis: ☐ Food ☐ Medication ☐ Insect Sting ☐ Latex ☐ Other: _____

Allergen(s), trigger(s), or condition details: _____

History of anaphylaxis? ☐ Yes ☐ No Epinephrine prescribed? ☐ Yes ☐ No

SIGNS / SYMPTOMS REQUIRING EMERGENCY ACTION

_____

_____

_____

EMERGENCY ACTIONS

Follow the student's authorized health care provider instructions below. If the student is experiencing a life-threatening emergency, initiate emergency response procedures without delay.

1. _____
2. _____
3. _____
4. _____

AUTHORIZED HEALTH CARE PROVIDER

I certify that the student identified above has the stated medical condition and authorize designated school personnel to follow this Emergency Medical Action Plan and administer the medication(s) identified above as indicated.

Provider Name: _____	Phone: _____
Provider Signature: _____	Date: _____
Additional Provider Instructions: _____	

PARENT / GUARDIAN AUTHORIZATION

I authorize St. Gregory the Great Catholic School and its designated personnel to follow this Emergency Medical Action Plan and administer the medication(s) identified on this form as directed by my child's authorized health care provider. I understand that emergency medical services (911) may be contacted when school personnel reasonably believe my child is experiencing a life-threatening medical emergency.

Parent/Guardian Name: _____	
Parent/Guardian Signature: _____	Date: _____

STGGCS USE ONLY

Emergency medication is stored: Classroom Emergency Backpack

SCHOOL EMERGENCY RESPONSE

- Administer prescribed emergency medication according to this medical action plan and provider orders.
- Call 911 for a life-threatening medical emergency.
- Notify the school office/administration.
- Contact the parent/guardian as soon as possible.
- Do not leave the student unattended.

EMERGENCY MEDICATION INFORMATION

Medication	Dose	Date	Time	Signature of Person Administering