



MERCY CULTURE PREPARATORY MEDICAL CONDITION NOTIFICATION

Student Name: _____

Grade: _____

School Year: _____

1. Medical Condition

Please identify any medical condition that may require monitoring, treatment, medication, accommodations, or emergency response during the school day.

☐ Type 1 or Type 2 Diabetes

☐ Asthma

☐ Seizure disorder

☐ Heart condition

☐ Other chronic medical condition: _____

2. Student's Typical Symptoms/Needs

Please describe symptoms the school should watch for and any routine care your child requires.

Known triggers or warning signs:

3. Medication or Medical Treatment at School

Does your child require medication or medical treatment during the school day?

☐ No

☐ Yes — medication: _____

If medication is required, the following must be completed:



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- ☐ Medication administration authorization has been provided to the school.
- ☐ Medication has been provided to the school.
- ☐ Healthcare provider orders are attached for prescription medication.

4. Healthcare-Provider Plan

For conditions requiring specific medical intervention, monitoring, or medication, the school requires current healthcare-provider orders and/or an appropriate Emergency Action Plan/Health Care Treatment Plan.

If your child's condition requires any of the above, the following must be completed:

- ☐ Healthcare provider orders attached
- ☐ Diabetes Management and Treatment Plan
- ☐ Asthma Action Plan
- ☐ Other medical care plan: _____

For diabetes, asthma, seizures, or other conditions requiring emergency intervention, current provider instructions are required before the school can implement condition-specific medical procedures.

6. Parent/Guardian Responsibilities and Agreement

I understand and agree that:

- I am responsible for providing accurate and current medical information to MC Prep.
- I will provide required healthcare-provider orders, care plans, and medication.
- I will notify the school promptly of any changes to my child's condition, medication, treatment, or emergency instructions.
- Medications must be provided, stored, and administered according to MC Prep's medication procedures.
- The school will communicate necessary medical information to staff members responsible for my child's care and supervision.
- Emergency medical services will be contacted when a student's condition requires emergency medical attention.

Parent/Guardian Acknowledgment

Parent/Guardian Name: _____

Signature: _____

Date: _____ Phone: _____





FOR MC PREP SCHOOL USE ONLY

Documentation Checklist

- ☐ Healthcare-provider orders
- ☐ Emergency Action Plan
- ☐ Medication authorization
- ☐ Medication received
- ☐ Medical equipment/supplies received
- ☐ Appropriate staff notified
- ☐ Staff trained, if applicable
- ☐ Emergency procedures reviewed

School Notes/Required Follow-Up:

Reviewed By: _____

Date Reviewed: _____



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