

**Muscogee County School District
Student Health Services
STUDENT HEALTH CARE PLAN**

Please bring or mail this health care plan to the school.
A new health care plan is required every school year.

Student: _____ Date of Birth: _____ School year: _____

School: _____ Teacher: _____ Grade/Team: _____

Emergency Contacts

Parent/Guardian/Contact	Relationship	Phone Number	Alternate Phone Number
Healthcare Provider:		Phone Number:	

Medical Diagnosis / Chronic Condition (Please describe)

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Daily Medications (List ALL daily and emergency medications):

√ Given at school	Medication Name	Dosage(amount)/Time	When to use

