

lf

Then

Then

Extended Day Program

Ann Arbor Public Schools **Community Education and Recreation** 1515 S. Seventh St. Ann Arbor, MI 48103 734.994.2300

ACTION PLAN (One per child)

Note: If your child has an Action Plan from a doctor's office, you may use that instead.

Child's Name	Grade	Site
Child's condition/symptoms		
Medications		
Location of emergency medication(s): In a	designated site cabinet.	
Allergies		Preferred hospital
In the event of an episode, staff should fo	llow these procedures:	
lf		
Then		
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Additional Information:		
Parent Guardian #1		
Cell	Work	Other
Place of Employment		
Parent/Guardian #2		
Cell	Work	Other
Place of employment		
Parent/Guardian Signature		Date