



Northbrook | Glenview School District 30

2374 Shermer Road, Northbrook, IL 60062

(847) 498-4190, www.district30.org

Medical Conditions and Allergies Requiring Special Attention

Name of Child _____ Birth date: _____

Describe your child's medical condition: _____

Describe your child's allergy: _____

If food allergies please complete the following:

My child **MAY NOT** eat: _____

My child **MAY NOT** touch: _____

My child may **NOT** be physically near: _____

Describe the reaction your child may have if he/she ingests the allergen: _____

Describe the reaction your child may have if he/she comes in contact with allergen: _____

My child requires an individual plan for: Life threatening allergies _____ Seizure care _____

_____ Diabetes management _____ Asthma _____ Other

(Parent/Guardian Signature)

(Date)

(Physician Signature)

(Date)

This Care Plan has been completed and reviewed by physician, student, parent, and School Health Assistant. The information will be provided to administrators, teachers, and staff to allow for awareness and preparedness in providing the best care for the student.

***To be completed for any student with a health plan.**