

**2024-25 Guerin Catholic High School Extracurricular Plan for Students with
Medical Needs**

TO BE FILLED OUT BY THE PARENT/GUARDIAN

Email: nurse@guerincatholic.org fax 317-219-0615 phone 317-582-0120 ext 111

Student Name: _____ Grade _____

Sport or Extracurricular Activity: _____

Adult or Coach onsite for Activity: _____

Medical Diagnosis (life threatening allergy, diabetes, seizures, asthma, etc)

Description of Any Care or Special Needs:

Emergency Treatment Steps:

Location of Emergency Supplies: If a student bag, please be as descriptive as possible. Medical tags are available from the nurse.

Emergency Contact 1 _____
Name Phone

Emergency Contact 2 _____
Name Phone

PARENT
SIGNATURE _____ **DATE** _____