

**Burlington School District
Health Program
Burlington High School Health Office
864-8586
Lisa Kelley and Lindsay Barnes**

SPECIAL HEALTH PLAN

Name _____ Date of Birth _____

Emergency phone number _____

Condition _____

Medication _____

Symptom School Personnel should be looking for which would indicate a problem:

Course of action school personnel should follow:

Signature of Parent/Guardian _____ **Date** _____

Signature of Physician _____ **Date** _____

Name of Physician (please print) _____ **Phone** _____