

**YMCA of Greater Seattle  
Dale Turner Family YMCA  
Chase Lake Elementary Preschool**



**Medical Plan**

*For children with life threatening and/or chronic illness or disability  
(i.e. diabetes, allergy, asthma)*

Child's Name: \_\_\_\_\_

Health Problem: \_\_\_\_\_

Take emergency procedures when: \_\_\_\_\_

**Emergency Procedures:**

Call 911 immediately

**Administer emergency medication:**

Name of medication: \_\_\_\_\_

Amount to administer: \_\_\_\_\_

Method of administration: \_\_\_\_\_

Method of storage: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Contact  
parent/guardian: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date