

Medical condition

Type of device: _____

Serial #: _____

Model #: _____

Implant date: _____

For school health professional working with student

Experience with device: Y N

Device manual at school: Y N

DME contact information: Y N

Device specific

Alarms: Y N

Battery: Y N

Back up equipment at school: Y N

Precautions to consider at school

Positioning of student: Y N

Emergency plan in place: Y N

Physical activity restriction: Y N

Magnet sensitivity: Y N

Emergency outlet: Y N