

ROCORI AREA SCHOOLS

ISD #750

General Care Plan

Student's Name: _____ Birth Date: _____

Grade: _____ School Year: _____

School: _____

Emergency Protocol

Condition being treated: _____

Emergency action is necessary when the student has symptoms such as: _____

Steps to take during an emergency: _____

Call 911 and parent if: _____

Medication Information

Are medications needed to control the condition? No Yes

Medication	Dose	Route	Frequency	Administer at School?

** If a prescription medication is to be administered at school, a medication authorization form needs to be completed by prescribing physician*

History of Condition

Condition is currently being treated by Dr. _____

Identify things which generally lead to the condition (i.e., noise, lights): _____

Emergency Contact Information

In the event of an emergency, the following individuals should be contacted:

	Name	Relationship	Phone Number(s)
1.	_____	_____	H: _____ W: _____ C: _____
2.	_____	_____	H: _____ W: _____ C: _____
3.	_____	_____	H: _____ W: _____ C: _____

Hospital of choice: _____

Parent/Guardian Consent

I will notify the health office immediately of any medication changes. I will advise the school of changes in contact information, emergency contact persons, or physician/hospital preferences.

Parent Signature

Date