



FREMONT UNION HIGH SCHOOL DISTRICT

Cupertino High School | Fremont High School | Homestead High School | Lynbrook High School | Monta Vista High School | Adult School

MEDICAL MANAGEMENT PLAN PACKET

CONTENTS:

- 1. MEDICAL MANAGEMENT PLAN / HEALTH CARE PROVIDER'S REPORT (pgs.1-2)**
- 2. AUTHORIZATION FOR MEDICATION FORM (pg.3)**
- 3. PARENT AUTHORIZATION AND RELEASE FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL (pg.4)**
- 4. RECOMMENDATIONS/ACCOMMODATIONS FOR PHYSICAL ACTIVITY IN SCHOOL (pg.5)**

Please return all completed documents to:

Health Clerk at school site or FAX: 408.749.8022



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Student: _____

Date of Birth: _____

MEDICAL MANAGEMENT PLAN / HEALTH CARE PROVIDER'S REPORT

SCHOOL ACTION PLAN FOR STUDENT WITH SPECIAL HEALTH NEEDS OR CHRONIC HEALTH CONDITIONS

To be completed by your child's primary care provider or specialist

School: _____ School Year: _____ Grade: _____

Diagnosis: _____ ICD 10 Code: _____ Diagnosis Date: _____

Significant Findings: _____

Allergies: _____ Brief Medical History: _____

Recent Hospitalization/reason: _____

How does the condition impact daily activities: _____

Treatment/Intervention Plan: _____

Medication taken during regular schoolday: Yes (Complete Authorization for Medication on pg.3) No

Briefly describe medication: _____

Sign(s) that student may need medical attention:

1) _____

2) _____

3) _____

Steps to take to address those sign(s) present:

1) _____

2) _____

3) _____



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Health Accommodations:

1) _____

2) _____

3) _____

Can this student participate in physical education?

Yes - Unrestricted

Yes - Restricted / Supervised (Complete the Physical Activity Form on pg. 5)

No (Complete the Physical Activity Form on pg. 5)



Healthcare Provider's Name

Healthcare Provider's Signature

Phone

Fax

Date

Address/City

Parent/Guardian Name

Parent/Guardian Signature

Date

FOR OFFICE USE

Health Clerk: _____ Signature: _____ Date: ___/___/___

District Nurse: _____ Signature: _____ Date: ___/___/___



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RECOMMENDATIONS/ACCOMMODATIONS FOR PHYSICAL ACTIVITY IN SCHOOL

The following recommendations are guidelines for physical activity in school (SELECT ONE):

_____ (1) May participate in the entire physical education program without restriction including all varsity competitive sports.

_____ (2) May participate in the entire physical education program except for varsity competitive sports where there is strenuous training and prolonged physical exertion (e.g. football, hockey, wrestling, lacrosse, soccer, basketball). Less strenuous sports such as baseball and golf are acceptable at the varsity level. *All activities are acceptable during the regular physical education program.*

_____ (3) May participate in the physical education program except for restriction from all varsity sports and from excessively stressful activities such as rope climbing, weight lifting, sustained running (i.e. laps) and fitness testing. Must be allowed to rest when tired.

_____ (4) May participate only in mild physical education activities such as circle games, golf, and badminton.

_____ (5) May participate in walking activities.

_____ (6) Restricted from the entire physical education program. Please provide reason: _____

Recommended accommodations: _____

THESE MODIFICATIONS EXPIRE ON ___/___/___.

THE STUDENT WILL BE REEVALUATED FOR REVISION OF THESE RECOMMENDATIONS ON ___/___/___.

PLEASE NOTE: IF NO MODIFICATION EXPIRATION DATE IS PROVIDED, MODIFICATIONS WILL EXPIRE AT THE END OF THE CURRENT SEMESTER.

Healthcare Provider Name

Signature

Date

Phone

Fax