INDIVIDUAL HEALTH CARE/EMERGENCY PLAN FOR STUDENTS WITH A MEDICAL CONDITION

TO BE RENEWED EACH SCHOOL YEAR

Student Name: _____ Birth Date: _____

School: _____ Grade: _____ Teacher: _____ School Year: 2022-2023

Primary Care Provider: _____ Clinic:_____ Phone #_____

DIAGNOSIS: _____

☐ **This diagnosis is no longer a concern**. (Skip to the end of this form., sign, date and return to your student's school.)

1) Could this condition be life threatening? ◯Yes ◯No

2) What signs and/or symptoms of your student's condition should we be aware of?

_____

_____

3) Does your student recognize these signs and symptoms? ◯Yes ◯No

4) List any known triggers (things that make symptoms worse).____

5) Are there any classroom and/or physical education limitations for your student? ◯Yes ◯No

6) If yes, please explain:_____

_____

7) Will your student need any treatment or medications at school related to this condition? ◯Yes ◯No

If yes, please explain: _____

If medication is needed at school, please complete "Consent Form For Administration of Medication During the School Day"

7) What is an emergency for your student and what should be done?_____

_____

Standard Emergency Plan is to call 911 and notify parent/guardian.

Emergency Contacts

Name: _____ Relationship: _____ Daytime Phone: _____ Cell: _____

Name: _____ Relationship: _____ Daytime Phone: _____ Cell: _____

Name: _____ Relationship: _____ Daytime Phone: _____ Cell: _____

PARENT/GUARDIAN AUTHORIZATION

1. I authorize the Licensed School Nurse/designee to communicate with appropriate school personnel regarding his/her health plan.
2. I authorize the Licensed School Nurse/designee to exchange information with my student's health care provider related to his/her health plan.
3. I will contact the Licensed School Nurse/designee if a change in the current plan is indicated.
4. I understand if my student rides the school bus and/or participates in before or after school activities, it is my responsibility to inform the staff/bus company of my student's health plan.

Parent/Guardian Signature: _____ Date_____

Licensed School Nurse Signature: _____ Date_____