ROCHESTER COMMUNITY SCHOOLS
GENERAL Medical Action Plan (MAP)

Child's picture
Face only

Student's Name: _____ School: _____
Date of birth: _____ Age: _____
Grade: _____ Teacher: _____

This MAP is validated with signatures and dates, by both the licensed health care provider (Doctor of Osteopathic Medicine, D.O., Medical Doctor, M.D., Nurse Practitioner, N.P., or Physician Assistant, P.A.), and a parent/legal guardian. Recommended orders for medical interventions within this treatment plan, will expire at the end of the 2023-2024 school year.

Transportation Office Use ONLY if needed
Bus # Driver: Route # Medical File

CONTACT INFORMATION

Call First:	Call Second:	Call Third:
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone 1:	Phone 1:	Phone 1:
Phone 2:	Phone 2:	Phone 2:
Email:	Email:	Email:

Medical Condition (s): _____

_____

Signs and Symptoms: _____

_____

ACTIONS

IF THESE SYMPTOMS/CONDITIONS OCCUR:	PERFORM THIS ACTION:

EMERGENCY PROCEDURES/OTHER INTERVENTIONS

AUTHORIZED LICENSED HEALTH CARE PROVIDER ORDERS AND AGREEMENT WITH TREATMENT PLAN

☐ YES ☐ NO Student is independent and may perform self-care.

☐ YES ☐ NO Durable medical equipment is needed. Instructions for daily use: _____

_____

_____

Licensed Health Care Provider's Name: _____
Hospital and/or Clinic Name: _____
Street Address: _____
Suite: _____
City/State/Zip Code: _____
Phone Number: _____
Fax Number: _____

(Provider Stamp)

HEALTH CARE PROVIDER SIGNATURE: _____ Date: _____

PARENT/GUARDIAN CONSENT

I, (parent/guardian), _____, request that my child, _____, receive the attached medical management at school, according to standard school policy. I authorize consent to the ordering licensed health care provider staff and school to share information, as needed, to clarify orders and to assist with my child's health care needs. I agree to have the information, in this entire plan, shared with individuals that need to know. Also, I give permission to use my child's picture on this plan (if I did not supply a photo).

PARENT/GUARDIAN SIGNATURE: _____ Date: _____