

Students

Exhibit – Do Not Resuscitate Student Response Plan

**DO NOT RESUSCITATE
DNR STUDENT RESPONSE PLAN**

Student Name _____ Date of Birth _____

A copy of the original State of Illinois Do Not Resuscitate Order is completed and attached.

Student is enrolled in hospice/palliative care services:

Allowable medical intervention/palliative care:

Disallowed medical interventions:

School staff to be informed of the DNR status:

All SEDOL staff who interact and provide care or instruction to the student including but not limited to: nursing staff, principal, administration, district representative, teachers, therapists, and transportation personnel.

Selected staff:

Protocol when physical condition begins to deteriorate:

Contact the following persons in the order listed for emergencies:

<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian

Date

Signature of SEDOL Representative

Date

Dated: September 2016