Medical Condition Health Plan

Student Name		date of birth
Health Plan	(circle) original or current	date of plan
School Information	school/year	teacher/team
Parent/Guardian	print	signature
School Nurse	print	signature
Health Care Provider signature not required	name	phone

Please complete the following to provide school staff information about your child's health condition. Health information is considered confidential; however, information on this form may be shared with teachers having direct contact with your child in order to provide a safe environment while your child is at school or engaged in school activities.

In the event of an emergency, every effort will be made to contact the parent and/or licensed health care provider listed on this form. If unable to make contact, school personnel will call 911 and transport to the nearest hospital.

Description of Medical Condition:

Intervention

Management (please check all that apply)

[ ] I understand that the above intervention will be carried out as described.

[ ] I authorize exchange of information between the school and the listed health care provider

_____

Parent Signature:_____Date:_____

School Nurse Signature:_____Date:_____