



ZIONSVILLE COMMUNITY SCHOOLS

Educational Services Center

Department of Unified Student Services

900 Mulberry Street

Zionsville, IN 46077

Phone: 317.873.2858

Fax: 317.873.8003



Care Plan

Student Name:	DOB:	Grade:
Parent Name:	Phone Number:	
Emergency Contact Name:	Phone Number:	
Treating Physician:	Phone Number:	

Significant Medical History:

You have checked on school records that this student has _____.
It is important to have at least annual health information when she/he needs help at school. Please complete below.
It is the responsibility of the parents to provide necessary snacks, medicine, and supplies/test equipment needed at school.

Daily _____ Management Plan

How often does this occur?

Emergency Plan:

Indicate the signs that are usually present during attacks/episodes:



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Control of School Environment:

List any environmental control measures, pre-medications and/or restrictions that the student needs for safety:

Daily or Emergency Medication Plan:

The usual procedure at school for this student should include:

Notify parent if:

I, the parent of _____, authorize the release and exchange of medical information between any of my child's health care providers and St. Vincent. I understand that this is for continuity of care purposes and may occur as needed without any prior notification or additional authorization throughout my child's care in the school system.

Parent Name:

Parent Signature:

Date: