



Behavioral Health (Anxiety Disorder) Health Care Plan for Students at School

Name of Student _____ School _____
Teacher/Grade _____ Date _____

The above student has been diagnosed with anxiety. The goal is to keep the student in school and able to concentrate/participate in school activities.

Circle symptoms of anxiety for your child:

- Rapid breathing/hyperventilation
- Increased heart rate
- Nervousness
- Tremors/shaking
- Other _____
- Sweating
- Stomach pain or nausea
- Hot flashes or cold chills
- Sense of impending danger, panic or doom stress
- Feeling weak or tired
- Dizziness, light headiness
- Unexplained crying/irritability
- Trouble concentrating
- Chest pain

Circle coping skills for your child:

- Safe place or person _____
- Walking
- Medication
- Move to a quiet place
- Encourage slow deep breathing
- Other _____

If any of this information changes, please notify the school.

Please sign indicating your consent to communicate with:

Dr. _____ Phone Number _____
Parent/Guardian Signature _____ Date _____
Telephone(s): Home _____ Work _____ Other _____
Nurse's Signature _____ Date _____

Intervention by School Staff: *(completed by school nurse)*

Treatment should begin with the first symptom or when the student makes you aware.

1. Student's medication, if prescribed, is located: _____
2. Administer medications and treatments as follows (school nurse to complete): _____
3. Allow student to sit in safe place until symptoms subside.
4. If anxiety symptoms are not relieved in 30 minutes, contact the parent/guardian.
5. Other related information _____

*Notify the school nurse and/or parent if student has more than ____ attacks per week.

Teachers are responsible for establishing a means of notifying all others who may assume responsibility for this student (teacher assistants, substitute teachers, specialty teachers), that this plan exists.