



RANKIN COUNTY SCHOOL DISTRICT SCHOOL INFLAMMATORY BOWEL DISEASE HEALTH PLAN 2025-2026

DATE RECEIVED / /

TO BE COMPLETED BY PARENT OR GUARDIAN

Student Name Age Date of Birth
School Teacher Grade
Emergency Contact Phone

My student will require medication at school for IBD Yes No

***If no, parent/guardian will be contacted for any concerns regarding medication for IBD at school.

TO BE COMPLETED BY PHYSICIAN OR LICENSED PRACTITIONER

Indicate the type of IBD Crohn's Ulcerative Colitis Indeterminate Colitis Other

Indicate the severity of disease Mild Moderate Severe

Does the student take immuno-suppressant medication? Yes No

PLEASE LIST ALL MEDICATIONS PRESCRIBED FOR IBD

Prescription for medication to be administered at school:

MEDICATION 1 Dose
Diagnosis Route
Times/frequency
Indication for administration

MEDICATION 2 Dose
Diagnosis Route
Times/frequency
Indication for administration

*** If additional medication is need please use a medication consent form to provide all information.

Has the student been trained to self-administer medication? Yes No

Will the student require assistance with bladder and/or bowel elimination at school? Yes No

If yes, a bladder and bowel elimination IHP must be completed.

Other non - pharmacological interventions required:

Prescriber Name & Title (Print) Phone
Physician Signature Date

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STUDENT/GUARDIAN WILL

1. Take all prescribed medications and follow up with healthcare provider as appropriate.
2. Provide all medications to the school to be administered at school..
3. Keep a minimum of two changes of clothes at school at all times.
4. Self-monitor energy level, joint pain and fatigue during PE and sports and report fatigue or other physical symptoms to PE teacher or sports coach/sponsor.
5. Accept responsibility for seeking medical care, and medical verification of contraindication to physical exertion when ongoing non-participation is reported by school personnel.
6. Alert school staff immediately of new or ongoing active flare-up of disease.

SCHOOL WILL:

1. Encourage student to engage fully in all school activities with accommodations without penalty.
2. Provide the student with an “any time” bathroom pass, without asking permission, without accompaniment, and without penalty and provide classroom seating for a discrete exit.
3. Allow early class dismissal and late class arrival for toileting as needed.
4. Identify the closest bathroom to student in each class and allow use of a single user restroom, if available.
5. Provide a designated area for student to rest during the school day as needed.
6. Allow student to drink water and eat snacks throughout the day, in or out of class.
7. Allow the student to carry sanitary products, a change of clothing and other items necessitated by IBD or store these items in a designated location, as needed.
8. Instruct PE teacher or sports couach/sponsor to notify school counselor of ongoing non-participation in PE or sports. School counselor will notify parent/guardian.
9. Call parent and 911, if needed.

SIGNATURES

Parent/Guardian Name (Print)

Parent/Guardian Signature

School Rep Name (Print)

School Rep Signature

Date