



RANKIN COUNTY SCHOOL DISTRICT SCHOOL INDIVIDUALIZED HEALTH PLAN FOR POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME (POTS) 2025-2026

DATE RECEIVED / /

TO BE COMPLETED BY PARENT OR GUARDIAN

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

When was the student diagnosed with a postural orthostatic tachycardia syndrome (POTS)? Date

Is the student aware of this diagnosis and capable of identifying symptoms? Yes No

Common symptoms of POTS experienced by student(select all that apply):

Feeling faint or lightheaded	Low blood pressure	Abdominal pain/nausea	Forgetful/trouble focusing
Fainting or near-fainting	High heart rate/racing heart	Nervous/jittery feeling	Shakiness/tremors
Chest pain	Low heart rate	Blurred vision	Excessive or lack of sweating
High blood pressure	Exhaustion/Fatigue	Headache	
Other (please list)	<input type="text"/>		

Common interventions for POTS symptoms appropriate for student (select all that apply):

Allow student to lie down	Fast acting source of oral hydration
Prop students legs up	Salty snacks
Other - Please list any other specific interventions for this student	<input type="text"/>

IN THE EVENT OF ANY OF THESE SYMPTOMS ARE PRESENT, STAFF WILL:

1. Keep the student safe
2. Initiate selected interventions as listed on the health plan.
3. Notify administration and school nurse
4. Contact parent/guardian

Supplies to be kept at school:

Fast acting source of oral hydration (Please List)

High sodium containing snack (Please List)

RCSD does not stock any supplies to manage medical conditions. ALL SUPPLIES, INCLUDING SNACKS AND DRINKS, MUST BE PROVIDED BY THE PARENT/GUARDIAN to the school.

Parent/Guardian Signature

Date

School Nurse Signature

Date