



RANKIN COUNTY SCHOOL DISTRICT OTHER HEALTH IMPAIRMENT PLAN 2025-2026

DATE RECEIVED [] / [] / []

TO BE COMPLETED BY PARENT OR GUARDIAN

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

IMPAIRMENT

WHAT IS THE MEDICAL DIAGNOSIS THAT QUALIFIES THE STUDENT FOR OTHER HEALTH IMPAIRMENT?

Brief Description:

[]

Diagnosis Date? []

ARE ACUTE EPISODES OR FLARE UP EXPECTED? Yes No

If yes, please estimate frequency and duration:

[]

List all symptoms related to the acute episodes/flare ups:

[]

List any known triggers of acute episodes/flare ups:

[]

DOES THIS STUDENT TAKE ANY MEDICATIONS RELATED TO OTHER HEALTH IMPAIRMENT? Yes No

If yes, please list medications:

Will the student need any medications administered at school? Yes No

If yes, please complete the consent for medication at school form and provide the medication to the school.

PLEASE LIST ANY DAILY LIMITATIONS OR PHYSICAL RESTRICTIONS STUDENT MUST FOLLOW WHILE AT SCHOOL.

Restrictions include:

[]

WHEN STUDENT IS AT SCHOOL, STAFF WILL:

1. Keep the student safe by ensure close monitoring and early intervention for any health or safety concerns.
2. Ensure student safety by enforcing daily limitations or physical restrictions set by student's health care professional.
3. Contact parent/guardian immediately if any concern with student's health or safety.
4. Call 911 if the student becomes medically unstable.

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Parent/Guardian Signature

[]

Date

[]

School Nurse Signature

[]

Date