

School Health Plan & Orders

Name of Student: _____ DOB: _____
School: _____ Grade/Teacher: _____

MEDICAL PROBLEMS:

TREATMENT ORDERS:

PHYSICAL LIMITATIONS: None List:

ACTIONS FOR SCHOOL PERSONNEL TO TAKE:

SIGNS OF EMERGENCY:

DIETARY MODIFICATIONS: None (If modifications are needed a Physician's signature is required.)

Texture Modifications Pureed Ground Chopped Other: _____

Specify Foods Needing Modification: _____

Tube Feeding: Formula name: _____

Administering Instructions: _____

Other: _____

School Health Plan (con't)

Name of Student: _____ DOB: _____ Grade/Teacher: _____

MEDICATIONS: None (If medications are needed at school a Physician's signature is required.)

| <u>Name</u> | <u>Dose</u> | <u>Route</u> | <u>Times to be Administered</u> |
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Side effects/adverse reactions: _____

Contraindications for Administration: _____

All medication for use at school will be furnished by parent or guardian in a container properly labeled by a pharmacist with identifying information (e.g., name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken).

Physician's Signature _____ **Date:** _____
Print/Stamp physician name, address and phone number:

Parent Permission

I hereby give my permission for my child to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release Neuse Charter School Board of Directors and their agents and employees from all liability that may result from my child taking the prescribed medication. This consent is good for one year, unless revoked.

I give permission to designated staff members of Neuse Charter School to perform and carry out the tasks as outlined by this Care Plan. I also consent to the release of the information contained in this Care Plan to all staff members and other adults who have custodial care of my child and who need to know this information in order to maintain my child's health and safety.

Acknowledged and received by:

Parent/Guardian _____ Date _____

Parent Email address _____ Parent Phone Numbers _____

EMERGENCY CONTACTS: Name/Relation

- 1. _____ a) home _____ b) work _____ c) cell _____
- 2. _____ a) home _____ b) work _____ c) cell _____
- 3. _____ a) home _____ b) work _____ c) cell _____

Principal's Signature _____ Date _____
School First Responder Signature _____ Date _____