### STUDENT INFORMATION

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<tr>
<th>Student:</th>
<th>DOB:</th>
<th>Grade:</th>
<th>School:</th>
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<tr>
<th>Parent:</th>
<th>Phone:</th>
<th>Email:</th>
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<td>8</td>
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<tr>
<th>Physician:</th>
<th>Phone:</th>
<th>Fax:</th>
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### BRIEF MEDICAL HISTORY

**Medical Diagnosis:**

Specific Concerns to be addressed at school:

**Parent:** complete the above section, read and sign below, obtain signature from Health Care Provider, and return to school nurse. No accommodations can be made until signed IHP/EAP, medication order, or IEP/Section 504 Plan are on file with the school.

As parent/guardian of the above named student, I give permission for my child’s healthcare provider to share information with the school nurse for the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.

**Parent Signature:**

**Date:**

### EMERGENCY CARE PLAN

**Warning Signs and Symptoms of Cardiac Problems**

- Decreased level of consciousness
- Shortness of breath
- Chest pain or Pressure
- Clammy, cool skin
- Seizures
- Swelling of the abdomen, legs or feet
- Fainting or Dizziness
- Fatigue or Marked Weakness
- Numbness or Tingling
- Alteration in Speech, Vision, Hearing, Balance, Coordination
- Pale or Bluish skin color
- Vomiting
- Headaches
- Trembling
- List Others:

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<tr>
<th>If you see this</th>
<th>Do This</th>
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| **If student experiences any of the above symptoms but is conscious, alert, and in no apparent urgent distress:** | 1. Assist student to seated or lying position.  
2. Have student take slow deep breaths  
3. Call parent immediately.  
4. Student should never be alone when having symptoms. |
| **If student is unconscious, unresponsive, faints, or has difficulty breathing:** | 1. Call 911 immediately.  
2. Send someone to retrieve AED  
3. Trained Personnel may administer CPR. **Use AED ONLY if necessary.**  
4. Provide this plan to EMS.  
5. Student should never be alone when having symptoms.  
6. Notify parent and district nurse. |

### SPECIAL ACCOMMODATIONS, RESTRICTIONS, OR PRECAUTIONS DURING SCHOOL

- None
- Learning
- PE
- Recess
- Transportation
- Toileting
- Other:
- Meals*

*Special Meal Accommodation Request Form Required

### ROUTINE MEDICATIONS AT SCHOOL

- NO
- YES* COMPLETE MEDICATION AUTHORIZATION FORM IF MEDICATION AT SCHOOL*

### PHYSICIAN SIGNATURE

The above named student is under my care. I recommend the above special accommodations, restrictions, and/or precautions for school.

**Physician Signature:**

**Date:**

### SCHOOL NURSE

Individualized Healthcare Plan/Emergency Care Plan (this form) distributed to ‘need to know’ staff:

- Front office/admin
- Teacher(s)
- Transportation
- Other (specify):

**School Nurse Signature:**

**Date:**