

Newburyport Public Schools
Individualized Health Care Plan

Attach student
picture here

Student's Name: _____ **School Year:** _____
DOB: _____ **Teacher:** _____ **Grade:** _____
Health Care Plan for Period: _____ **to** _____

Emergency Contacts:

Parent/Guardian Name(s)	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

Other Emergency Contact if parent/guardian is unavailable:

Name _____ Relationship _____ Tel. # _____

Primary Care Provider: _____ **Telephone#** _____
Specialist: _____ **Telephone#** _____

Medical Condition:

Any Known Allergies _____ None

All Current Medications:

<u>Name</u>	<u>Dose</u>	<u>Purpose</u>	<u>Schedule</u>

Necessary Health Care Procedures at School:

Classroom Modifications: IEP 504 Plan

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Emergency Plan:

Diet:

Equipment:	<input type="checkbox"/> None Required	<u>Provided by Parent</u>	<u>Provided by District</u>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

I consent to have the school nurse or school personnel designated by the school nurse carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as she determines appropriate for my child's health and safety.

Parent Signature: _____	Date: _____
Physician Signature: _____	Date: _____
Nurse Signature: _____	Date: _____

Final 1/2011

Notice: Newburyport Public Schools is concerned with the safety and well being of all its children. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after school personnel cannot deliver medical procedures or obtain or administer medications. Students with special health needs are encouraged to carry necessary items (e.g., inhalers, EpiPens) during these times. If your child requires specific assistance during an after school event please contact your child's school nurse for guidance.