ALL FORMS MUST BE DATED AFTER JULY 1st FOR THE UPCOMING SCHOOL YEAR

CARE PLANS:

Please print out and complete the care plan(s) that applies to your child's medical condition.

Cardiac Care Plans must be completed and signed by your students Cardiologist. All other Care Plans may be completed by parent/guardian. Please provide as much detailed information as possible to better help school staff to care for your child at school.

Return completed Care Plans to your student's school clinic

MEDICATIONS AT SCHOOL:

All medications to be administered at school prescribed or over the counter require a completed Medication Authorization Form signed by your students Doctor.

The Doctor's orders must include:

Name of the medication

Exact dose (no dose ranges will be accepted ex 1 to 2 pills or 2 to 4 puffs)

Daily medications must include the exact time of administration at scho

As Needed medications must include the specific time frame to be given at school (ex every 4 hours as needed) Orders may not say "as needed" without a time frame

If your student's medication needs to be crushed or capsules opened for administration this must be stated in the Doctor's order

CONTRACT TO CARRY ORDERS MUST BE SUBMITTED WITH A MEDICAITON AUTHORIZATION FORM

INSTRUCTIONS ON THE PILL BOTTLE MUST MATCH THE DOCTOR'S ORDERS EXACTLY OR THEY WILL NOT BE ACCPEPTED BY CLINIC STAFF.

ALL MEDICATION ORDERS MUST BE APPROVED BY THE SCHOOL RN PRIOR TO BEING ADMINISTERED BY CLINIC STAFF

Medications must be brought to school by an adult, students may not bring medication to school this included over the counter medications unless they have a Contract to Carry on file in the clinic.

ALL FORMS MUST BE DATED AFTER JULY 1^{ST} FOR THE UPCOMING SCHOOL YEAR AND RENEWED YEARLY

If you have any questions please contact your schools clinic staff