

**MARYLAND MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)
INDIVIDUAL STUDENT PLAN**

Student Name _____

Date of Birth _____

The original Maryland State Physician Order/Parent Authorization Form(s) is completed and maintained.

(Locations)

Student () will, or () will not wear a DNR identification bracelet.

Allowable medical intervention/palliative care:

Disallowed medical interventions:

School staff to be informed of the DNR status:

Plan for transporting the student from school and referring to appropriate care, when physical condition begins to deteriorate:

Contact the following persons in the order listed for emergencies:

Name	Title	Telephone(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff Training plans:

_____	_____
Parent/Guardian	Date
_____	_____
School Administrator	Date
_____	_____
Health Care Provider	Date