

CARE PLAN FOR A STUDENT WITH A SPECIAL HEALTH CONCERN

NORRIS PUBLIC SCHOOLS
25211 S. 68TH STREET
FIRTH, NE 68358

THIS PLAN IS FOR THE
SCHOOL YEAR FROM _____ TO
_____.

Your Student's Name: _____ Current Grade in School _____

Parent's Phone Number: Home) _____ Work) _____ Cell) _____

PLEASE DESCRIBE YOUR CHILD'S HEALTH CONCERN/DIAGNOSIS

LIST ANY DAILY MEDICATIONS :

MEDICATION	DOSE	ROUTE	FREQUENCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSTRUCTIONS FOR SCHOOL DAY/ SCHOOL EVENTS (DIET, EXERCISE, FIELD TRIPS, ETC.) :

PLEASE DESCRIBE POTENTIAL EMERGENCY SITUATION AND GIVE DIRECTIONS FOR CARE

CALL 911 WHEN:

PARENT/GUARDIAN SIGNATURE _____ DATE ____/____/____