

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Effective Date: \_\_\_\_\_ - \_\_\_\_\_

(\*plan in effect one year- may extend through summer)

Male  Female

## Medical Orders for Special Health Care Needs

Parents must provide all necessary medical supplies to the school. Parents and health care providers work as a team to provide training for school personnel prior to the child entering the class.

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**Diagnosis and Description of Medical Concern:**

**List physical, emotional, developmental, behavioral and/or communication concerns:**

**List relevant medical history. Include surgery, hospitalizations and allergies:**

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**Is this student medically able to attend school?**  Yes  No

**Full day?**  Yes  No

**Comments:**

**Are there health related expected absences?**  Yes  No

**Comment:**

**Level of participation in PE and/or recess.**  Full  Partial  Restricted

**Comment:**

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**Are there any emergency medical interventions needed?**  Yes  No

**Describe:**

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**Is the student able to ride the school bus?**  Yes  No

**(Check if needed)**  transportation aid  bus lift  seat belt  special restraint  
 wheelchair tie down  space for equipment  staff training needs  Other:

**Specify type of equipment, space, positioning requirements and/or behavior considerations:**

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Are procedures required for this student to attend school?  Yes  No  
 Does the student require assistance from additional staff?  Yes  No  
 PRN Unskilled (non-licensed)     PRN Skilled (RN or LPN)  
 Full time Unskilled                       Full time Skilled  
 Other:

**Check all required procedures:**

**Dietary**

- Gastrostomy tube feeding
- Nasogastric tube feeding
- Jejunostomy tube feeding
- Oral Feeding (restrictions)

**Respiratory**

- Oxygen liters
- Nasal cannula
- Oxygen mask
- Pulse oximetry
- Trach care/suctioning
- Suctioning
- Chest Physiotherapy
- Ventilator

**Musculoskeletal**

- Cane  Crutches  Walker
- Orthosis  Cast Care
- Wheelchair  Prosthesis
- Reposition  other

**Neuro**

- Rectal Diazepam
- Vagal nerve stimulation
- Ventricular Shunt Monitor

**Other (describe)**

\_\_\_\_\_  
 \_\_\_\_\_

**Elimination**

- Colostomy Care
- Ileostomy Care
- Diapers or Pullups
- Clean Intermittent Catheter
- Urostomy pouch
- Catheterizing a stoma
- Indwelling urinary catheter (RN or LPN only)

**Describe Medical Procedures that are required for this student to attend school (equipment, time intervals, positioning, consider transportation):**

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Medication	Dose	Route	Time

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**M.D. PRINT** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**M.D. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Other providers	Specialty	Phone

I agree with this plan of care and I give permission for the school to contact any of the above providers.

**Parent PRINT** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent (signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_