

# Health Care Plan Initiative

Our records indicate that your child has a medical condition. This form is intended for you to choose if you would like a health care plan in place for your child at the school. Generally a health care plan is a guideline for us and identifies specific needs and treatment pathways to follow in the event that your child needs medical attention for their condition while at school.

**Please fill out and return this form to the school. Thank you!**

Name of Student \_\_\_\_\_ School Year \_\_\_\_\_

\_\_\_\_\_ **YES, I would like a health care plan in place at my child's school.** (A condition-specific care plan will be sent to you to fill out and return to the school.)

\_\_\_\_\_ **NO, I feel that my child's condition is well controlled at this time and does not warrant a health care plan at the school. I will notify the School Nurse right away if anything changes.\***

**\*if your child carries or needs medication while at school, a medication administration form signed by a parent AND prescribing physician is still required.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_