

Care Plan - Mora Schools



Check if
on file

**All Emergency Contact People
are to be identified on Student
Information Forms.
Student info card are
required on all students**

Care Plan for: _____

Health concern: _____

School: _____, Effective date: _____

Date of Birth: _____, Grade: ____, Teacher: _____

Feel free to use the back of this form if necessary.

Describe how this condition will affect your child at school. _____

How severe is the condition: 1 2 3 4 5 Is it necessary for us to develop an emergency plan? Yes No
Not severe Severe

Is there a special diet? _____ Any activity restrictions? _____

Please tell us when you need to be notified _____

For this condition: date of last hospitalization: _____, total number of hospitalizations: _____, last clinic visit: _____

Please list any other health conditions: _____

Health care:

Health care professional treating this condition first, followed by other health professionals who care for your student.

Name: _____ Clinic with location: _____ Phone: _____

Name: _____ Clinic with location: _____ Phone: _____

Name: _____ Clinic with location: _____ Phone: _____

Medication:

Medications given at home:

Name: _____ Dosage: _____ Time: _____ Route: by mouth or other _____

Name: _____ Dosage: _____ Time: _____ Route: by mouth or other _____

Name: _____ Dosage: _____ Time: _____ Route: by mouth or other _____

Name: _____ Dosage: _____ Time: _____ Route: by mouth or other _____

Medications to be given at school: (You will need to complete a consent form to have medication given during the school day.)

Name: _____ Dosage: _____ Time: _____ Route: by mouth or other _____

Name: _____ Dosage: _____ Time: _____ Route: by mouth or other _____

Name: _____ Dosage: _____ Time: _____ Route: by mouth or other _____

Form completed by:

Parent/Guardian: _____ Date: _____

Form reviewed by:

School Nurse: _____ Date: _____

If you have any questions, please contact the school nurse, Shauna Cronk, RN at 320-679-6232.