

HEALTH SERVICES ACTION PLAN
Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

We request that you complete, sign, and return this form to the school health office.

- Sharing this information is important to keeping your child safe, and providing correct emergency response, at school.
- It is very important we have current emergency contact information for you.
- Written authorization from your child's physician is required for medically necessary care at school (if any needed, including medications). New authorization is needed for each school year and when medical orders change.
- The school nurse may contact you or your child's physician if additional information or clarification is needed for at school.
- Information will be shared as appropriate with other school and emergency personnel to benefit your child's safety and success.
- If you have questions, please contact the school nurse at your child's school.

Student: _____ DOB: _____ Date: _____

School: _____ Grade: _____ ID #: _____

Parent/Guardian: _____

Phone #1: _____ Phone #2: _____

Emergency contact if parent/guardian unavailable

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Diagnosis: _____

Medical Allergies: _____

Medical Provider: _____ Phone #: _____

Medical Provider: _____ Phone #: _____

Current Medications:

Interventions/daily care needed:

Notify parent/guardian when:

Emergency Action if:

Emergency & School Safety Plan (Please share information for a school evacuation, relocation or lockdown situation):

Parent/Guardian Signature: _____ Date: _____

Annual Review: _____

School Nurse Signature: _____ Date: _____