Medical Provider:

**Current Medications:** 

## 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		Phone #:
Name:	Relationship:	Phone #:
Diagnosis:		
Medical Allergies:		
Medical Provider:		_ Phone #:

Phone #:

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: