

Rocori Schools
IDS 750
Basic Care Plan

Student's Name _____ Birthdate _____
Grade _____ School Year _____
School _____

Basic Plan of Care

Condition Being Treated: _____

Steps in Treatment Plan: _____

If condition has changed contact District Nurse to come for an assessment. District Nurse will come assess and call parent if Necessary.

Treatment Information

Is this to be used at school? Yes _____ No _____

Treatment	Route	Dose	Frequency	Administer at school

Condition currently being treated by a doctor, if so which Dr.? _____

Things that can make the condition worse:

Emergency Contact Information

In the event of an emergency, the following individuals should be contacted:

	Name	Relationship	Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Hospital of Choice: _____

Parent/Guardian Consent

I will notify the health office immediately of any medication or treatment changes. I will advise the school of changes in contact information, emergency contact persons, or physician/hospital preferences.

Parent/Guardian Signature: _____ Date: _____