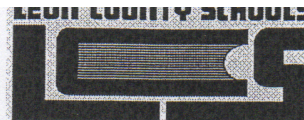




Homer Rice  
Administrator



Jackie Pons  
Superintendent

Dear Parent/Guardian,

Your child has been identified with a medical condition that may require special attention or assistance during the 2012-2013 school year. Enclosed are important documents that need to be **completed by you and your child's health care provider**. These documents provide a guide for your child's care during the school day. The Registered Nurse assigned to your child's school will provide training to designated school personnel based on this information.

The following forms need to be completed and returned to the school health room as soon as possible:

- ☐ Health Care Provider form (completed **and** signed by your child's physician)
- ☐ Consent to Share Information (check off each applicable agency **and** add other provider if not listed)
- ☐ Medication Permission Form (completed for each medication taken at school)

Remember to keep copies of these documents for your records!

If you have any questions, please Leon County Health Department, School Health Division at 606-8150.

Sincerely,

*Nancy Cooper, RN, BSN, NCSN*

Nancy Cooper, RN, BSN, NCSN  
School Health Coordinator  
Leon County Health Department



# Leon County Medical Management Plan

School Year \_\_\_\_\_

This student has a medical condition which may require special treatment or care during the school day. The information below is requested in order to assist school personnel to best meet their needs.

This section to be completed by parent

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Significant Medical History \_\_\_\_\_

\_\_\_\_\_ Allergies \_\_\_\_\_

Treating Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ HR Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

This section to be completed by physician

Medical Diagnosis \_\_\_\_\_

Current Medications: 

Name	Dose	Frequency	Time(s)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Medications needed at school:

1. \_\_\_\_\_  
2. \_\_\_\_\_

Treatments needed at school:

1. \_\_\_\_\_  
2. \_\_\_\_\_

Physical limitations (include circumstances under which student may require assistance):

\_\_\_\_\_

Assistive devices/equipment used or needed at school:

\_\_\_\_\_

Early signs and symptoms of illness that requires exclusion from school:

\_\_\_\_\_

Circumstances in which the physician should be contacted:

\_\_\_\_\_

Other considerations including educational concerns:

\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_



## Child Specific Training Log

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Type of Training: \_\_\_\_\_

[illegible]



**LEON COUNTY HEALTH DEPARTMENT**  
**CONSENT FOR SHARING OF PROTECTED HEALTH INFORMATION**

School Year \_\_\_\_\_

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

I hereby consent to health information being shared to carry out treatment or clarify medical orders in order to keep my child safe while at school. I understand that Registered Nurses from Leon County Health Department, School Health Division, may be giving and receiving information pertaining to the management of my child's medical condition with the following organizations:

**(Please check *and* initial all that apply)**

\_\_\_\_ ☒ Leon County School District

\_\_\_\_ ☐ Tallahassee Memorial Hospital Diabetes Center

\_\_\_\_ ☐ Children's Medical Services

(Name of case manager: \_\_\_\_\_)

\_\_\_\_ ☒ Leon County Health Department

\_\_\_\_ ☐ Tallahassee Pediatric Foundation

\_\_\_\_ ☐ Primary Physician \_\_\_\_\_  
(Please fill in Physician name)

\_\_\_\_ ☐ Specialist Physician \_\_\_\_\_  
(Please fill in Physician name)

I may request a notice of the complete description of such uses and disclosures prior to signing this consent.

I understand that I have the right to revoke this consent in writing.

\_\_\_\_\_  
Signature of Parent/Guardian or eligible student

\_\_\_\_\_  
Date