

**Westford Public Schools
Individual Health Care Plan**

Attach
student
picture
here.

Student's Name: _____ School Year: _____
DOB: _____ Teacher: _____ Grade: _____
Health Care Plan for Period: _____ to _____

Emergency Contacts:

Parent/Guardian Name(s)	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

Other Emergency Contact if parent/guardian is unavailable:

Name: _____ Relationship: _____ Tel. #: _____

Primary Care Provider: _____ Tel. #: _____

Specialist: _____ Tel. #: _____

Medical Condition:

Any Known Allergies: _____ None

All Current Medications:

<u>Name</u>	<u>Dose</u>	<u>Schedule</u>

Necessary Health Care Procedures at School:

**Westford Public Schools
Individualized Health Care Plan**

Equipment:	<input type="checkbox"/> None Required	<u>Provided by Parent</u>	<u>Provided by District</u>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

I consent to have the school nurse, or school personnel designated by the school nurse, carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as determined appropriately for my child's health and safety.

Parent/Guardian Signature: _____ Date: _____
School Nurse Signature: _____ Date: _____

Notice: Westford Public Schools are concerned with the safety and well being of all its children. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after-school personnel cannot deliver medical procedures or obtain or administer medications.