



Student Health Care Plan

Name: _____ Age: _____ Grade: _____

Health Concern: Allergy to _____ Date: xx/xx/xxxx

Please sign upon review:

 LT _____

 EK _____

 HG _____

Parent:

1. Provide emergency kit including all medication and supplies to be kept in child's classroom.
2. Must accompany child on field trips. Yes No
3. If applicable, provide shelf stable allergen free snack to be kept at school.
4. Provide and keep current all emergency contact information.
5. If applicable, provide a copy of Food Allergy Emergency Action Plan, signed by a health care provider.
6. Provide information and instruction on emergency medications and procedures.

Initial: _____

Director

1. Maintain copies of Health Care Plan, Action Plan, and emergency kit in the classroom.
2. Ensure student washes hands with soap & water prior to eating.
3. Encourage all students to wash hand upon arrival.
4. Maintain emergency kit in classroom and check regularly.
5. Inform parents if replacement supplies are needed.
6. Inform HOS & parent if emergency occurs.
7. Ensure emergency kit is with student or responsible adult when student leaves the classroom.
8. Inform parents if child's classroom snack needs to be replenished.
9. Inform parents of school events where food would be part of the program in the classroom.

Initial: _____

Head of School/Office Manager

1. Ensure Health Care Plan and Action Plan is distributed to any adult working with the student.
2. Provide proper cleaning equipment for any all known allergens.
3. Ensure emergency kit travels with student to any location on or off campus. Including, but not limited to before/aftercare room, playground, emergency evacuation, field trips, or outings.
4. Review emergency procedures with parent chaperones, substitute teachers, and if needed, bus drivers.
5. Review plan annually with parents and all staff members involved in the student's care.
6. Ensure the JMS Nut Aware policy is distributed and implemented.
7. Keep copy of Health Care Plan and Action Plan in master student binder for emergency evacuations.
8. Maintain all student health records and Health Care Plans

Initial: _____

I/We understand a copy of The Student Health Care Plan will be distributed to all staff members who care for the student. In addition, a copy will be kept in the student's file in the main office, in the classroom, in the HOS office, in the office master binder, and, if applicable, in the extended care classroom. JMS will strive to maintain the confidentiality of records, to the best of their ability while ensuring responsible parties are informed as needed.

Parent's Initials: _____

