



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools

3417 Church Road, Easton, PA 18045

(610) 868-1431 Fax: (610) 868-6710 www.ndcrusaders.org

Notre Dame Nurse's Office

(610) 868-1431 ext. 127

nurse@ndcrusaders.org

GENERIC HEALTH PLAN for other health conditions

Student: _____ Gr/Teacher: _____ DOB/Age: _____

Emergency Contact #1: _____
Name Relationship Phone

Emergency Contact #2: _____
Name Relationship Phone

Physician's name: _____ Phone: _____

HEART CONDITION: Yes No

ORTHOPEDIC CONDITION: Yes No

OTHER HEALTH CONDITION: _____ ACTIVITY LIMITS: Yes No

ASSESSMENT DATA: (fill-in and check if applicable)

Signs/Symptoms	Triggers	First Aid Interventions
_____ _____ _____ _____ Other _____	_____ _____ _____ _____ Other _____	_____ _____ _____ _____ Other _____
_____ _____	_____ _____	_____ _____

Frequency of episodes: _____ Number of hospitalizations in past 12 months: _____

Current medications: (home (h) and school (s), including OTC and alternative meds)

Name	Route	Dose	Frequency

For self-carry Medications:

€ I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that he/she **SHOULD NOT** be allowed to carry and use that medication by him/herself.

€ It is my opinion that _____ **SHOULD** carry his/her medication by him/herself.

1. Student knows action of the medication and reason for taking medication.
2. Student is aware of possible side effects of medication.
3. Student agrees to never share medication with anyone.
4. Student will always carry medication in correct container.
5. Student agrees to go to the nurse's office if symptoms are not relieved by medication or if student has to use the medication more than twice in a day.

If any of the above conditions are not met, student will forfeit the right to carry and self-administer medication.

GENERIC EMERGENCY ACTION PLAN

Student: _____ DOB/Age: _____

Emergency action is necessary when the student has symptoms such as _____

Steps to take during an episode:

1. Give medications if available.
2. Have student return to classroom if no longer in distress, symptoms have improved.
3. Contact parent if no improvement after medication or _____

4. Seek emergency medical care if the student has any of the following:

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____
- ✓ **Other** _____

IS A LIFE-THREATING ILLNESS DO NOT WAIT...

TAKE THESE MEDICINES NOW AND CALL 911.

- Medicine _____
- Dosage _____
- Route _____
- Frequency _____
- Other _____

TAKE THESE MEDICINES NOW AND CALL 911.

- Medicine _____
- Dosage _____
- Route _____
- Frequency _____
- Other _____

Special instructions:

Student Outcomes:

1. Student will participate in classroom/school activities with modifications as needed.
2. Student will improve or maintain understanding of checked items under Self Management skills.
3. Other: (describe) _____

Physician's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____