Medical Management Plan School Year 2024-2025

CARDIAC

Student Name:	Date of Birth:		
Physician's Name:	Phone #:		
Address:	Fax #:		
List Known ALLERGIES:			
Brief description of condition:			
Current Medications:			
Name: Dosage/Rou	t: School Home		
Name: Dosage/Rou			
Special Equipment:	School Home		
Symptoms child may demonstrate: Tires easily SOB Pain Other: Vital Sign Parameters: B/P Pulse Respirations Limitations: Cleared without limitations including all physical activities and recess. Not Cleared for (please be specific)			
If student complains of chest pain, shortness of breath and/or has vital signs outside acceptable parameters, school personnel should immediately: Call 9-1-1 Contact Parent/Guardian Other:			
Nursing services are recommended for the care of this student during the school day			
Physicians Signature:	Date:		
rnysicians signature:			

Continued Cardiac Plan for (Student NAME)		
Is your child compliant with their current treatment of Does your child function independently with medical Are there any activity restrictions for your child? If yes, please list:	J	Yes No No Yes No No
PARENT to Complete: Authorization for Health	Care Provider and School Nurs	se to Share Information
I authorize my child's school nurse to assess my child as it relate physician as needed throughout the school year. I understand t may withdraw this authorization at any time and that this auth named above, I request that the principal or principal's designed	his is for the purpose of generating a hea horization must be renewed annually. A	Ith care plan for my child. I understand I us the parent or guardian of the student
I understand that under provisions of Florida Statue 1006.062, medication when the person administrating such medication ac or similar circumstances. I also grant permission for school pers about the medication. I have read the guidelines and agree condition to school personnel.	cts as an ordinarily reasonable, prudent p connel to contact the physician listed abo	erson would have acted under the same ve if there are any questions or concerns
Parent/Guardian Signature	Print Name	Date
Parent/Guardian:	Cell:	
	Work	
Parent/Guardian:	Cell:	
	Work:	