



SCHOOL DISTRICT OF
MENOMONEE FALLS
Pursuing Excellence
One Student at a Time

SCHOOL DISTRICT OF MENOMONEE FALLS WISCONSIN

DISTRICT ADMINISTRATION OFFICE
W156N8480 PILGRIM RD
MENOMONEE FALLS, WI 53051
262.255.8440

HEALTH CARE PLAN IN THE SCHOOL SETTING

School Year: _____

Student's Name: _____ School: _____

Date of Birth: _____ Gender: _____ Grade: _____

Parent/Guardian's Name: _____

Mailing Address: _____

Home Phone: _____ Work Number: _____

Cell Phone: _____

Physician: _____ Physician's Number: _____ Fax: _____

Allergies to: _____

Brief description of health problem: _____

Early indicators for interventions:

Action to be taken:

Late indicators for staff interventions:

Action to be taken:

Medication – (If medication needs to be taken at school please fill out **Request for Medication to be Administered to a Student during School Hours** form.)

Name	Dosage	Possible side effects

Specific actions to follow in addition to above:

Activity limitations/restrictions:

Precautions:

Special dietary needs:

Psychological support:

Other:

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This information may be shared with all appropriate staff

Student's Signature

Date

Parent/Guardian's Signature

Date

Health Care Provider's Signature

Date

CARE PLAN REVIEWED WITH SCHOOL PERSONNEL

School Representative Signature(s)	Date