



Student Health Services

Health Care Plan Addendum

Where Students Come First

Student Name: _____ Date of Birth: _____

Teacher: _____ Grade: _____ School: _____

I am the parent/guardian of _____ and request that the _____ Specialized Health Care Plan be utilized during school hours. I understand that I must provide any equipment, supplies, or medication needed to utilize this plan. I understand that whenever possible, the Specialized Health care procedure(s) should be provided by the family before or after school hours.

I understand that designated school personnel will follow the procedure(s) as designated in the _____ Specialized Health Care Plan. It is also understood that FCBOE personnel are released from responsibility for any complications resulting from utilization of this procedure(s) and will not assume any liability for supervising or assisting in the utilization of this Specialized Health Care Plan.

Completion of the attached Health Care Plan authorizes Student Health Services to discuss the health care plan with the appropriate school staff and prescribing health care provider via email, fax, verbal, or written communication with the purpose of providing a safe environment for your child.

Physician name (print) and phone number: _____

Parent Signature: _____ Date: _____