

STUDENT MEDICAL ACTION PLAN

Student's Name: _____ Date of Birth: _____

Grade: _____ School: _____ Teacher: _____

Physical Education Days and Times: _____

Emergency Information

Parent's Name: _____

Mother's Home Phone Number _____ Cell Number _____

Mother's work number _____

Father's Home Phone Number _____ Cell Number _____

Father's work number _____

Physician's Name

Physician's Phone Number: _____ Fax: _____

In case of Emergency Contact:

1. _____

2. _____

3. _____

TO BE FILLED OUT BY A PHYSICIAN

Please give a brief description of the child’s health condition and the steps you would like the school personnel to take in case of an emergency with the child.

HEALTH CONDITION: _____

Action(S) to Be Taken

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Note that if a medication is to be administered during the school day, the medication consent form must also be signed and accompany this form. The correct dosage must be listed on the original bottle or a doctor’s order with instruction(s) for the medication must be presented if that’s not available. The NACISD nurses are unable take medication orders from parent(s)/guardian(s).

This information will be shared with the child’s classroom teacher, building medication administrator, physical education teacher, and other staff on a need to know basis to ensure safe management of your child’s health condition.

School District of Nacogdoches ISD Health Services

Parent Signature _____ Date _____

Physician Signature _____ Date _____

Any questions or changes in this plan please inform the School Nurse as soon as possible. Thank you.

School Nurse
Nacogdoches ISD Health Services

Brooks-Quinn-Jones Elementary 936-569-5040
Carpenter Elementary 936-569-5070
Fredonia Elementary 936-569-5080
Nettie Marshall Elementary 936-569-5062
Raguet Elementary 936-569-5052
Thomas J Rusk Elementary 936-569-3100

Principal

McMichael Middle School 936-552-0519
Mike Moses Middle School 936-569-5001
Nacogdoches High School 936-569-2466
Malcom Rector High School 936-569-1000

HEALTH MANAGEMENT PLAN addendum attached.