Wayne County Schools Health Services

Primary Care Provider (PCP) Authorization: Other Health Conditions (Side One)

Student Name: _____ **Date of Birth:** _____ **School:** _____

DIAGNOSIS:

- ☐ Sickle Cell Anemia
- ☐ Cystic Fibrosis
- ☐ Long QT Syndrome
- ☐ Hemophilia
- ☐ Hypertension
- ☐ OTHER (SPECIFY): _____
- ☐ ADHD/ADD
- ☐ Autism
- ☐ Ostomy Type: _____
- ☐ Spina Bifida
- ☐ Fainting Spells

Latex Allergy ☐ Yes ☐ No

PRECAUTIONS AT SCHOOL: _____

_____

_____

RESTRICTIONS/EXCLUSIONS AT SCHOOL: _____

_____

_____

OTHER COMMENTS: _____

_____

Oral/Nasal Suctioning (circle one)

***All supplies and equipment are to be provided by the parent/guardian.**

Suctioning Instructions:

- ☐ Oral Suctioning
- ☐ Nasal Suctioning
- ☐ Yanker/Soft tip catheter
- ☐ Saline Instillation needed
- ☐ Other (Explain): _____

Suctioning Frequency

- ☐ Every _____ minutes
- ☐ Every _____ hours
- ☐ As needed based upon signs and symptoms as follows:
  - ☐ Choking/Continuous coughing/Gurgling
  - ☐ Upon student's request
  - ☐ Other (Specify): _____

Urinary Catheterization ☐ **Urethral** ☐ **Suprapubic**

***All supplies and equipment are to be provided by the parent/guardian.**

Times for procedure (Be Specific): _____ _____ _____ _____

Recommended position:

_____

If questions regarding catheterization times, may we contact the parent/guardian for decision? ☐ Yes ☐ No

Can this student catheterize him or herself?

☐ **Yes** ___Independently ___Adult Assistance ☐ **No**

Check the typical characteristics of student's urine:

- ☐ Clear
- ☐ Cloudy
- ☐ Odor
- ☐ Typically has blood in
- ☐ Typical color and amount of output:

_____

*** Please note: When any changes in the student's typical characteristics are observed, THE PARENT/GUARDIAN MUST BE NOTIFIED IMMEDIATELY.**

Wayne County Schools Health Services

Primary Care Provider (PCP) Authorization: Other Health Conditions (Side Two)

Student Name: _____Date of Birth: _____School: _____

EMERGENCY PLAN OF ACTION

1. **If student's color becomes pale, cyanotic (bluish), or ashen OR student has other signs of respiratory distress (difficulty breathing, gasping, etc.), call EMS 9-911.**
2. **Notify school personnel trained in CPR/first aid to stay with student and initiate CPR if needed prior to EMS arrival.**
3. **Contact parent/guardian immediately.**
4. **If EMS is called student must be transported via EMS to emergency facility, or parent/guardian must sign release with EMS and parent/guardian then assumes responsibility for student. Student may not return to school that day.**
5. **When student is transported via EMS a WCS staff member must ride with student unless parent and/or emergency contact accompanies them.**
6. **If a student requires medical treatment while on the bus, the driver will contact EMS.**
7. **Other: _____**

Form must be signed by health care provider and parent/guardian. If you have any questions please call (606) 348-8484.

_____	_____	_____	_____
Printed Name MD, APRN or PA	Address	Telephone No./Fax No.	Signature of MD, APRN, or PA

Note to parent/guardian: Signing this form shall release the Wayne County Board of Education and its employees from liability of any nature that might result from this plan of action. This form shall not relieve the liability of the school or its employees for their own negligence. Also, I hereby give permission for the healthcare provider completing and signing this form to verify this information with WCS and to consult with WCS staff regarding this information. I also acknowledge that feedings and the emergency plan of action will most likely be administered by trained, unlicensed WCS personnel.

_____	_____	_____
Signature of Parent/Guardian	Telephone No.	Date

_____	_____	_____
Emergency Contact	Telephone No.	Relationship