

Health Problem



**WASHINGTON COUNTY DEPARTMENT OF EDUCATION
COORDINATED SCHOOL HEALTH**

University School
Phone (423) 439-8674 Fax (423) 439-5921

Student _____ Date of Birth _____ Teacher _____
Grade _____

It has been noted on your child's Health Survey Form the (s)he has an ongoing health problem. It is important to have current health information and direction when (s)he needs help at school.

Your health care provider has diagnosed the health problem as: _____

Are medications needed to control this health problem? __No __Yes (list below)

Medications	Dosage	Time

Special Instructions or Modifications for school:

EXERCISE AND SPORTS PARTICIPATION GUIDELINES

- [] NO RESTRICTIONS- includes interscholastic athletics, contact sports
- [] MODERATE EXERCISE- includes physical education classes and recreational sports, but should avoid activities which require maximum or sustained effort
- [] LIGHT EXERCISE- includes nonstrenuous recreational games, such as swimming, jogging, bowling, (modified gym program without being graded recommended)
- [] Must be permitted to determine his or her own level of activity and to stop and rest if needed.
- [] NO PHYSICAL EDUCATION CLASSES

This Individualized Health Plan will be shared with trained personnel and Coordinated School Health Staff. It is the parent's responsibility to share this information with other staff you deem necessary (i.e. teachers, coaches, etc.). Your signature below indicates your understanding and agreement with this policy.

Physician Name: _____ Phone: _____

Physician Signature: _____ Date:

Parent Signature: _____ Date:

Parent contact: _____
Phone: _____