Fayette County School Health Services

POST OPERATIVE HEALTH CARE PLAN

Please bring or mail this health care plan to the school or send to the secure FAX at 770-719-2639.

Student: _____ **Birth Date:** _____ **School Year:** _____

School: _____ **Homeroom Teacher:** _____**Grade/Team:** _____

Primary Healthcare Provider:	***Phone Number:***
Surgeon:	***Phone Number:***

Procedures/Operations: _____

Date of Procedure/Operation: _____ Date Child May Return to School: _____

Activity Level During School:	**Assistive devices to be used:**
☐ Non-Weight bearing: How Long _____	☐ Wheelchair
☐ Weight Bearing for transfer/pivot only: How long _____	☐ Walking device
☐ Weight bearing to tolerance: How Long _____	☐ Crutches
☐ Partial Weight bearing: How Long _____	☐ Orthotics: _____
☐ Full Weight bearing	☐ Other: _____

Child currently receives the following services at school: PT ☐ OT ☐ N/A ☐

May these services be continued during recovery: Yes ☐ No ☐
If yes, restrictions: _____

PAIN MANAGEMENT:

Medication Name	***Dosage (amount)/Time***	***When To Use***	***Given at School***
			☐ YES ☐ NO
			☐ YES ☐ NO

SPECIAL CONSIDERATIONS AND PRECAUTIONS (including school activities, sports, and trips):

_____
_____
_____

►Physician's Signature◄ _____ ***Date:*** _____

PRINT Physicians Name: _____ **Phone #:** _____

I, this child's parent/guardian, hereby authorize the named Healthcare Provider who has attended to my child, to furnish to the School Health Services Coordinator and/or School Clinic Staff any medical information and/or copies of records pertaining to my child's chronic health condition and for this information to be shared with pertinent school staff at my child's school. I understand that as of April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPAA") disclosure of certain medical information is limited. However, I expressly authorize disclosure of information so that my child's medical needs may be served while in attendance in the Fayette County Schools. This authorization expires as of the last day of the school year.

►Parent/Guardian's Signature◄ _____ ***Date:*** _____

Implemented: September 2012
Revised: June 3, 2013; June 2, 2014