

**EASTPOINTE COMMUNITY SCHOOLS
PROTOCOL FOR SPECIALIZED MEDICAL/HEALTH PROCEDURES
SCHOOL YEAR: _____**

STUDENT NAME: _____ BIRTHDATE: _____

ATTENDING BUILDING: _____ GRADE: _____ TEACHER: _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

SUPERVISING PHYSICIAN'S NAME: _____

OFFICE PHONE: _____ EMERGENCY PHONE: _____

~~~~~The following portion must be completed by supervising physician.~~~~~

Check here if additional information is attached: _____

1. What is the student's health/medical condition? _____

The student's condition is: _____ stable _____ deteriorating _____ improving.

2. What specialized medication or procedure is necessary for this student to safely participate in the regular school day program?

3. Explain the purpose of this specialized medication or procedure.

4. List the equipment that is necessary to administer this procedure.

Note: Unless otherwise specified by the physician, latex gloves will be worn by persons implementing the procedure.

5. List the equipment that is needed in order to administer this medication or procedure.

Note: Unless another location is necessary for medical reasons, all medications and equipment will be stored in a locked area in the main office.)

6. Describe the training that is required for staff to competently administer or supervise the administration of this medication or procedure.

NOTE: This training will be provided by trained school personal unless you direct otherwise for medically necessary reasons.

7. Describe when this medication or procedure is to be administered (i.e., at what time of day, upon observation of what symptoms, under what specific circumstances, etc.)

8. Describe all the steps to be followed in this procedure:

9. Describe any steps that should be taken after administering this medication or procedure.

Note: EMS will be called for all observable seizures, suspected anaphylaxis or loss of consciousness. Parents or a prearranged emergency contact will also be called in those cases.

10. Describe how the equipment should be disposed of.

11. Describe any potential risks or side effects of this medication/procedure of which school staff should be aware.

12. Does this student currently have, or is this student a carrier of, any communicable diseases?

____ No

____ Yes. Explain: _____

13. Describe any other medical/health concerns of which the school staff should be aware:

I approve the above Protocol for Specialized Medical/Health Procedures. I understand that this Protocol will continue in effect from year to year unless the parents or I contact the School District to initiate a revised Protocol.

Physician's Signature: _____

Date: _____