

St. Theresa School ADD /ADHD Action Plan (2018-2019)



You have indicated that your child has ADD or ADHD. In order for your child’s health and safety, the school nurse will keep this information as part of your student’s confidential school health record. When you sign this form, you will be allowing this information to be shared with specific school personnel strictly on a need to know basis. Please keep us informed of any changes in your child’s condition or medication schedule. Our primary concern is that your child’s healthcare needs are met while attending school.

Name (Last) _____ (First) _____ Room _____

Parents /Guardians _____ Cell (M) _____

Phone (Home) _____ Work _____ Cell(F) _____

Diagnosis _____ Year of Diagnosis _____

Indicate which apply My child has been diagnosed with Attention Deficit Disorder (ADD)

My child has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)

Medication	Dosage	Time	Side Effects

Issues to be aware of with the medication _____

Behavior modification techniques that help _____

If medication is to be given during school hours, a Medical Authorization Form must be completed every school year. It must be filled out and signed by you and your child’s physician. Medications used in school must be in the original container. When you have a prescription filled, ask the pharmacist for two containers, one for school and one for home.

I give the school nurse my permission to share information relevant to my child’s medical status with school staff on a need to know basis, if she determines that this information is necessary to assure my child’s health and safety.

Parent/Guardian Signature _____ Date _____