

St. Theresa School Safety Care Plan (2018-2019)



Name (Last) _____ (First) _____ Room _____

Date of Birth _____ Allergies _____

Parent /Guardian _____ Mother Phone _____

Parent/Guardian _____ Father Phone _____

Treating Physician _____ Phone _____

Disorder / Disease _____

Medication	Dosage	Purpose	Schedule

Mark Restriction (Include interscholastic athletics and contact sports:

- No restrictions
- Restrictions- only when dealing with a fracture or injury.
- Moderate exercise; includes physical education classes and recreational sports, but should avoid activities which require maximum or sustained effort.
- Light exercise included non-strenuous recreational games such (i.e. recess or jogging).
- Must be permitted to determine his/her own level of activity and stop when needing to rest.
- No physical education classes. Physician Order required.

Considerations necessary to have an Action Plan:

- ▲ **CALL 911:** For any breathing related injury or other life threatening event/injury.
- ▲ **NOTIFY PARENT/GUARDIAN**
- ▲ **Develop Action Plan for Evacuation Drills/Emergencies**
- ▲ **Initiate and arrange for accommodations and adaptations needed, per Doctor's orders.**