

Student Name: _____ Date of Birth: _____

Plan of Care for: Anaphylaxis Asthma Diabetes Epilepsy/Seizures Other

Original Date of Plan of Care: _____

When a student's Plan of Care requirements change significantly, complete a new Plan of Care form. For those with multiple Plans of Care, please use one renewal form for each Plan.

If there are no changes between school years, this sheet is to be used to confirm that there have been no changes to the Plan of Care already on file at the school. The parent(s), guardian(s), school and the student (when age-appropriate) have reviewed the Plan of Care.

The Plan of Care remains in effect for the 20____ - 20____ school year without change.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

The Plan of Care remains in effect for the 20____ - 20____ school year without change.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

The Plan of Care remains in effect for the 20____ - 20____ school year without change.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

The Plan of Care remains in effect for the 20____ - 20____ school year without change.

Parent/Guardian Signature: _____ Date: _____

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Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____