

## HEALTH CARE PLAN LETTER OF EXPLANATION

Dear Parents and Guardians:

I am the School Nurse working with Thomas MacLaren School. Part of my job is to make sure that your school is up to date with state guidelines. These guidelines, set by the Colorado Department of Education, ensure that your child is as safe as possible at school.

A priority is to update our records if your child has **Asthma, Allergies, Celiac Disease, Diabetes, Migraines, Seizures or a General Health Care issue**. All forms (called Health Care Plans) must be filled out completely by either you or your health care professional **and need signatures from the Health Care Provider with prescriptive authority and the Parent/Guardian.**

All of these forms can be found on the school website: [www.maclarenschool.org](http://www.maclarenschool.org). From the home page click on the **Parent** tab, then scroll down the menu and click on the **Health Information** link. This will take you to the Health Page which contains links to all the necessary forms and packets.

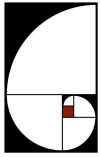
If your child will need to carry a Rescue Inhaler, Epi-Pen®, or Diabetes supplies, then the Contract to Carry form must be completed and returned to the front desk immediately.

According to Colorado State law, we are no longer able to administer your child's emergency medication without a signed Health Care Plan and Health Care Provider's Authorization for the Administration of Medication by School Personnel. These forms can be found on our website.

Thank you for working with us to make sure that your child is as safe as possible while at school. If you have any questions, please contact me or Karen Triplett ([ktriplett@maclarenschool.org](mailto:ktriplett@maclarenschool.org)).

Sincerely,

**Tammie Chasteen, RN, BSN, | School Nurse**  
Thomas MacLaren School  
1702 N. Murray Blvd.  
Colorado Springs, CO 80915  
719.313.4488 | Secure Fax: 866.587.2608



**MIGRAINE / HEADACHE  
HEALTH CARE PLAN**

Student : \_\_\_\_\_ Effective Date: \_\_\_\_\_

Student DOB: \_\_\_\_\_ School Nurse: \_\_\_\_\_

Doctor: \_\_\_\_\_ Neurologist: \_\_\_\_\_

Parent: \_\_\_\_\_ Special Ed? 504?: \_\_\_\_\_

Medications taken daily at home: \_\_\_\_\_

Medications taken as needed at school or at home: \_\_\_\_\_

Headaches symptoms account for many visits to the health room and phone calls to parents. While many headaches may be painful, often they do not constitute a serious problem. Tension headaches, characterized by scalp or neck pain or a feeling of a “tight band” around the head are often caused by stress or poor posture. The “classic” migraine headache is characterized by an aura (warning of impending migraine), such as numbness of the face or arm, tingling sensations, or visual changes. Following the aura, pain frequently occurs on one side of the head. Light sensitivity may worsen the headache. The cause of migraines is not exactly known but appears to involve chemical changes that make the blood vessels in the brain constrict and dilate. Triggers may include stress, fatigue, overwork, menstruation, and dietary intake (caffeinated drinks, chocolate, or cheese).

**Triggers:** \_\_\_\_\_

**Symptoms:** \_\_\_\_\_

**Problem:** Pain

**Goal:** Relieve discomfort

**Action:**

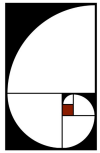
1. Administer medication, as prescribed:
  - A. Medication, if given during the aura, may prevent or decrease the pain.
  - B. Side effects that must be reported to the school nurse and parents include: \_\_\_\_\_
2. Allow student to rest in the health room for at least 20 minutes.
  - A. If there is no improvement or if the headache worsens, then the student will take 2nd medication, if available.
  - B. Parent will be contacted.
3. Document headache symptoms, length of symptoms, time symptoms began, any precipitating factors, and actions taken.

Health Care Provider Signature and Date

Parent Signature and Date

School Nurse Signature and Date

\*\*This Health Plan and any nurse delegation related to this plan are for use during normal operational school hours. After hours: call parent(s) and/or 911 for medical concerns/emergencies.



**HEALTH CARE PROVIDER'S AUTHORIZATION  
FOR THE ADMINISTRATION OF MEDICATION  
BY SCHOOL PERSONNEL**

Dear Parent:

If your child must have medication of any type, including over-the-counter medicine and all homeopathics, given during school hours, you may:

1. Come to the school and administer it to your child at the appropriate time; or
2. Discuss with your health care provider an alternative schedule to administer medications outside of school hours; or
3. Complete, in its entirety, the attached form signed by your health care provider AND
4. Provide the medication in the original labeled pharmacy container which includes the child's name, name of medicine, dosage amount, and instructions for administration. For over-the-counter medication, please provide the medicine in a new, unopened bottle with all labels.

Remember, staff at Thomas MacLaren School may only administer medications at school with the properly completed documentation and the medication in the original, properly labeled container.

Thank you,

**Tammie Chasteen, RN, BSN | School Nurse**

Phone 719.313.4488 | Secure Fax: 866.587.2608

1702 N. Murray Blvd., Colorado Springs, CO 80915

**Students required to take medication(s) prescribed by a physician during regular school days may be assisted by the school nurse or other designated school personnel. Medications may be administered only if the school receives specific written instructions from the physician and parent/guardian of the student.**

**Authorization to Assist in Administration of Medication**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day to be given at school: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Asthma Inhaler / Epi-Pen (must also have self-carry contract): This student **MAY/ MAY NOT** carry their own Inhaler / Epi-Pen..

Physician Office Number & Fax Number: \_\_\_\_\_ Physician Signature/Stamp: \_\_\_\_\_

**Parent Request that School Administer Medication**

I request that medication be administered to my child by the designated member of the school staff in accordance with the instructions on the Health Care Providers's authorization. Please give my child their medication according to the above authorization,. Any special instructions are noted here: \_\_\_\_\_

It is understood that the medication is administered solely at the request of, and as an accommodation to, the undersigned parent/guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designee employed by Thomas MacLaren School, the undersigned parent/guardian hereby agrees to release Thomas MacLaren School and its personnel from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequenc-es of the medication.

I will notify the school **immediately** if the medication is to be changed or terminated, or if we change health care providers.

I hereby give my permission for: (name of student).. \_\_\_\_\_  
to take the above named prescription at school as ordered.

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_