

## **PARENT INTERVIEW GUIDE**

- · Complete and sign at bottom.
- Please include any ADHD medications that student takes at home.
- · A new form is required each school year.

## INDIVIDUALIZED HEALTH CARE PLAN

- Complete top section first page down to "Description" and sign.
- The school nurse will develop a care plan for your student's medical needs based on your input, your child's input, and HCP's orders.
- Form will be reviewed and updated each year for 3 years.

## MEDICATION/TREATMENT AUTHORIZATION FORM

- Complete the top box and sign.
- · Student's Health Care Provider (HCP) must complete and SIGN the bottom box.
- IMPORTANT: Use one form per medication.
- · New form required each school year.

# TVCS CONSENT FORM & STUDENT MEDICATION ADMINISTRATE RECORD

- · Complete the top of this form and sign if your student will be given medication in the clinic.
- Use 1 form per medication.
- Students may NOT bring in medication. All medication brought to school will be counted and signed off by the nurse
  and parent.
- A new form is required each school year.

### IF YOU NEED ADDITION FORMS THEY ARE AVAILABLE ON THE MIDDLE SCHOOL WEBSITE OF TVCS.ORG

- Once at the Middle School site, click on "Clinic" on the left column.
- · Once on the Clinic page, scroll down to the red PDF list.
- · Choose the form you need, click, and print.

If you have any questions you may contact me at school at 352-259-0044, ext 2113 (or ask for the clinic).

Thank you, Joy Shumate, RN

352-259-2350