



# UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

68 Martha Culp Drive, Johnson City, TN 37614

Phone (423) 439-8674 Fax (423) 439-5921

## General Individual Health Plan

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

It has been noted on your child's Health Survey Form the (s)he has an ongoing health problem. It is important to have current health information and direction when (s)he needs help at school.

Your health care provider has diagnosed the health problem as: \_\_\_\_\_

Are medications needed to control this health problem?  No  Yes (list below)

Medications	Dosage	Time

Special Instructions or Modifications for school: \_\_\_\_\_

### EXERCISE AND SPORTS PARTICIPATION GUIDELINES

- NO RESTRICTIONS- includes interscholastic athletics, contact sports
- MODERATE EXERCISE- includes physical education classes and recreational sports, but should avoid activities which require maximum or sustained effort
- LIGHT EXERCISE- includes nonstrenuous recreational games, such as swimming, jogging, bowling, (modified gym program without being graded recommended)
- Must be permitted to determine his or her own level of activity and to stop and rest if needed.
- NO PHYSICAL EDUCATION CLASSES

**The parent signature below gives permission for the school nurse or representative to fax this form to the indicated PCP and to communicate with said PCP, the PCP's office staff, and the ETSU University School faculty/staff regarding this health plan for the student named above, and their care. It is the parent's responsibility to share this information with other staff you deem necessary (i.e. teachers, coaches, etc.). Your signature below indicates your understanding and agreement with this policy.**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent contact: \_\_\_\_\_ Phone: \_\_\_\_\_