

STUDENT CARE PLAN
(SCP)

Submit if applicable
during participation in
the Manor High School
Band Program.

HEALTH & WELL BEING
STUDENT CARE PLAN

Student Section: _____
Student Last Name: _____
First Name: _____
Student ID: _____
Effective Date: _____

- If you are aware of a potential situation that may arise at any point during your student's participation in this program, please complete the Student Care Plan so that you can share an action plan in advance that includes symptoms and recommended care.
- Some examples for which a Student Care Plan may apply are: ADHD, anxiety, asthma, autism, depression, diabetes, food allergies, migraines, Tourette's. This includes any other allergy condition or health concern you would like to communicate.
- We encourage you to submit a Student Care Plan if the extended hours and overnight trips associated with this program may result in a need for care, even if that need is not one that requires care during a typical school day.
- The information you share in this Student Care Plan will be used by Manor HS Band Staff to provide the best care for your student as situations arise. All information will remain private.

**COMPLETE FORM ON BACK OF
PAGE**

<u>ALLERGY, CONDITION/CONCERN #1</u>	<u>ALLERGY, CONDITION/CONCERN #2</u>
SYMPTOMS:	SYMPTOMS:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
ACTION PLAN:	ACTION PLAN:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Emergency Medical Services will be notified in any/all cases, regardless of whether a Student Care Plan has been submitted, that warrant treatment or care beyond that which is available from Manor High School Band Staff.

EMERGENCY CONTACTS

PARENT/GUARDIAN #1:

Name: _____ Relationship: _____ Cell #: _____

PARENT/GUARDIAN #2 OR ALTERNATE CONTACT:

Name: _____ Relationship: _____ Cell #: _____

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

Make a copy of this and all other forms before submitting. Please update this form as needs change.