

**FAIRFIELD PUBLIC SCHOOLS
FAIRFIELD, NEW JERSEY 07004**

Adlai Stevenson School
15 Knoll Road
Kristen Pero, BSN, RN, CSN
perok@fpsk6.org
(973)227-2120 ext: 2116

Stevenson/Churchill
Schools
Barbara Rominski, RN
rominskib@fpsk6.org

Winston Churchill School
233 Fairfield Road
Donna Tabatneck, MSN, RN, CSN
tabatneckd@fpsk6.org
(973)227-2638 ext: 3113

INDIVIDUAL HEALTH CARE PLAN

Dear Parent/Guardian,

You or your child's doctor has indicated that medical awareness and attention is needed during the school day. Attached is a copy of our "Individual Health Care Plan" to be completed by the doctor. An "Individual Health Care Plan" is intended to help the nurses and school staff to follow medical instructions should an emergency occur.

Please take the time to review and complete this plan with your child's doctor. Please return the form with a current photo of your child to your child's school nurse.

Any medication, which may need to be administered, should be given to the school nurse in its original container.

Thank you,

The School Nurses

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INDIVIDUAL HEALTH CARE PLAN

Student's Name: _____ Date of Birth: _____

Teacher: _____ Grade: _____

Diagnosis: _____

If the following symptoms or complaints are experienced, please take the following actions:

Medication: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relationship: _____

Phone #: _____

2. Name: _____ Relationship: _____

Phone #: _____

3. Name: _____ Relationship: _____

Phone #: _____

Parent Signature

Date

Physician Signature

Date