LONG COUNTY SCHOOL HEALTH SERVICES
POST OPERATIVE HEALTH CARE PLAN

Student: ______________________________ **Birth Date:** ________________ **School Year:** __________________

School: _______________________________ **Grade:** _______________________

Primary Healthcare Provider:	*Phone Number:*
Surgeon:	*Phone Number:*

Procedures/Operations: ____

Date of Procedure/Operation:________________ Date Child May Return to School: ________________

Activity Level During School:	**Assistive devices to be used:**
☐ Non-Weight bearing: How Long _______________ ☐ Weight Bearing for transfer/pivot only: How long ___________ ☐ Weight bearing to tolerance: How Long________ ☐ Partial Weight bearing: How Long_____________ ☐ Full Weight bearing	☐ Wheelchair ☐ Walking device ☐ Crutches ☐ Orthotics:___________________________________ ☐ Other: ______________________________________

Child currently receives the following services at school: PT ☐ OT ☐ N/A ☐

May these services be continued during recovery: Yes ☐ No ☐
If yes, restrictions: ____

PAIN MANAGEMENT:

Medication Name	*Dosage (amount)/Time*	*When To Use*	*Given at School*
			☐ YES ☐ NO
			☐ YES ☐ NO

SPECIAL CONSIDERATIONS AND PRECAUTIONS (including school activities, sports, and trips):

____
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____

►*Physician's Signature*◄____***Date:*** _________________

PRINT Physicians Name:____**Phone #:** ________________

I, this child's parent/guardian, hereby authorize the named Healthcare Provider who has attended to my child, to furnish to the School Nurse any medical information and/or copies of records pertaining to my child's chronic health condition and for this information to be shared with pertinent school staff at my child's school. I understand that as of April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPAA") disclosure of certain medical information is limited. However, I expressly authorize disclosure of information so that my child's medical needs may be served while in attendance in the Long County Schools. This authorization expires as of the last day of the school year.

►*Parent/Guardian's Signature*◄____***Date:*** _____________

Updated 6/17 kg