

Walton Central School District

Emergency Care Plan/Asthma Action Plan Medical Documentation for School Year 20__ to 20__

Dear Parent/Guardian:

Date _____

Student Name _____ Teacher _____ Grade _____

Our records indicate during this past school year, your child had one or more of the following:

An order for the following medication(s)

An Emergency Care Plan (ECP) for a life-threatening or serious medical condition

To provide optimum care for your child, it is essential that we receive documentation of your child's medical needs from your health care provider prior to the first day of school in the fall.

- If your child had an Emergency Care Plan (ECP) or Asthma Action Plan (AAP) during this past year, a copy is enclosed with this letter for reference.
- Please ask your health provider to provide a completed ECP/AAP for the coming school year which will assist school staff in providing safe care.

A blank copy is: Attached Available on the district website Available from the health office

- NYS regulations require new medication orders for medication administration in school. This applies to both prescription and non-prescription medication. Please be aware that some medication doses are determined by weight, and your child's dose should be reviewed for the next school year.
- Parent input is important and we encourage you to discuss the ECP/AAP with your health provider. Both a parent/guardian and health care provider should sign and date the plan and return it to the health office of the school your child will be attending next year. This needs to be in the nurse's office before the start of the school year or within two weeks of receipt of this letter to ensure the health and safety of your child.
- Emergency Care Plans are shared with appropriate, trained school staff, including bus drivers and monitors who supervise your child when a nurse may not be immediately available.

Thank you for your cooperation in this vital matter.

Sincerely,

School Nurse Contact Information