Berrien Springs Public Schools
ADD/ADHD HEALTH CARE PLAN

Name:		
Regular HCP ☐ 504 HCP ☐	Date:	Picture of student
School:		
Student ID Number:	Birth Date:	

Management Plan:

Student is currently taking medication to manage diagnosis.

Signs and symptoms of ADD:
- Forgetfulness
- Poor ability to learn and retain new skills or info.
- Inability to perform previously learned skills
- Forget to perform a behavior at a schedule time
- Hyperactivity and defiant behavior (ADHD)

Interventions:

- **Administer medication as ordered; verify 10 rights of medication administration before giving medication.**
- **Assess medication compliance at home; ask if child has been taking medication at home or if there were any recent changes in medication.**
- **Assess for medication interaction, ask if child is taking any other medication.**
- **Assess for psychosocial or family issues i.e. physical or psychological abuse or neglect**
- **Encourage ventilation of feelings of frustration, helplessness, and so forth**
- **Refocus attention to areas of control and progress in order to lessen feelings of powerlessness /hopelessness**
- **Provide for / emphasize importance of pacing during class/activities and remind him/her about having appropriate rest times to avoid fatigue**
- **Monitor student's behavior and assist in use stress management techniques to reduce frustrations**

Additional actions:

CALL 911 FOR:

- **Any signs of respiratory distress (stops breathing or turns dusky/blue)**
- **Any signs of intoxication or severe side effects of medication ordered.**
- **Other: ____**

More information on other side →

Other health concerns:

Medications:	**Dose/Time:**

Parent Signature:	**Date:**
M.D. Signature **(or med. Authorization form)**	**Date:**
On file	

Dietary concerns/restrictions:	
Contact Information:	
Parent/Guardian: 1.________________________________ 2_________________________________	**Home phone:** **Work:** ______________ **Cell:**____________ **Work:** ______________ **Cell:**____________
Home Address:	**Teacher:**
Emergency contact:	**Phone:**
Primary Care Physician:	**Phone:**
Speciality MD:	**Phone:**
School Nurse:	**Phone:**
Other Pertinent Information	

Copies:

- ☐ Parent
- ☐ Teacher
- ☐ PE
- ☐ Library
- ☐ Music
- ☐ Recess
- ☐ Transportation
- ☐ Health Office