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3955 Parklawn Ave.\* Suite 120 \* Edina, Minnesota 55435
501 E. Nicollet Blvd. \* Suite 200 \* Burnsville, Minnesota 55337
11095 Viking Drive \* Suite 250 \* Eden Prairie, Minnesota 55344

Clinic/School Treatment Plan

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

HISTORY: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATION REQUIRED DURING SCHOOL HOURS

Table with 6 columns: Medical Condition, Medication, Strength, Time, Route, Possible Side Effects. Rows 1-6.

TREATMENTS/PROCEDURES REQUIRED DURING SCHOOL HOURS

Table with 4 columns: Medical Condition, Treatment / Procedure, Times / Frequency, Special Instructions. Rows 1-3.

ADDITIONAL INFORMATION:

- May Carry on Person / May Not Carry on Person
Return to school with NO limitations on \_\_\_/\_\_\_/\_\_\_
REST AT HOME through \_\_\_/\_\_\_/\_\_\_
MODIFY the following activities during the school day through \_\_\_/\_\_\_/\_\_\_ or until next visit.

PLEASE SPECIFY: Physical Education Allergy Avoidance Sports Diet

Date Print Name of Healthcare Provider Licensed Healthcare Provider Signature