Describe how the impairment affects the child *(to be completed by LHP)*:

---

**History (to be completed by LHP):**

---

☐ Check if school food substitution is needed.

Explain what must be done to accommodate the child’s diet *(to be completed by LHP)*:

---

**List food(s) and/or beverages to be substituted, provided, or modified *(Parent can help plan menu choices by reviewing menus made available online by Nutrition Services, or by calling 354-7270):***

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*The regular menu item will be provided if it meets the dietary requirements.*  
*Standard substitution will be provided from items available in the District warehouse.*
EMERGENCY CONTACTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

ADDITIONAL EMERGENCY CONTACTS:

<table>
<thead>
<tr>
<th>1.</th>
<th>Relationship:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Relationship:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

**Does the student need classroom, lunch room, school activity, or recess accommodations? ___yes ___no. If yes, please contact the school counselor.

- A new health care plan for Digestive Disorders must be submitted each school year.
- I understand that if any changes are needed on the Digestive Disorder Health Care Plan, it is the parent’s responsibility to contact the school nurse.
- It is the parent’s responsibility to alert all other non-school programs of their child’s health condition.
- Medical information may be shared with school staff working with your child and 911 staff, if they are called.
- I have reviewed the information on this Health Care Plan and request/authorize trained school employees to provide this care in accordance with the Licensed Healthcare Provider’s (LHP’s) instructions.
- I understand this is a Health Care Plan and can only be discontinued by the LHP.
- I authorize the exchange of information about my child’s Digestive Disorder between the LHP office and the school nurse.
- *My signature below shows I have reviewed and agree with this Health Care Plan.*

Parent/Guardian Signature __________________________________________________________________________________________

Date

Nurse Signature

Date