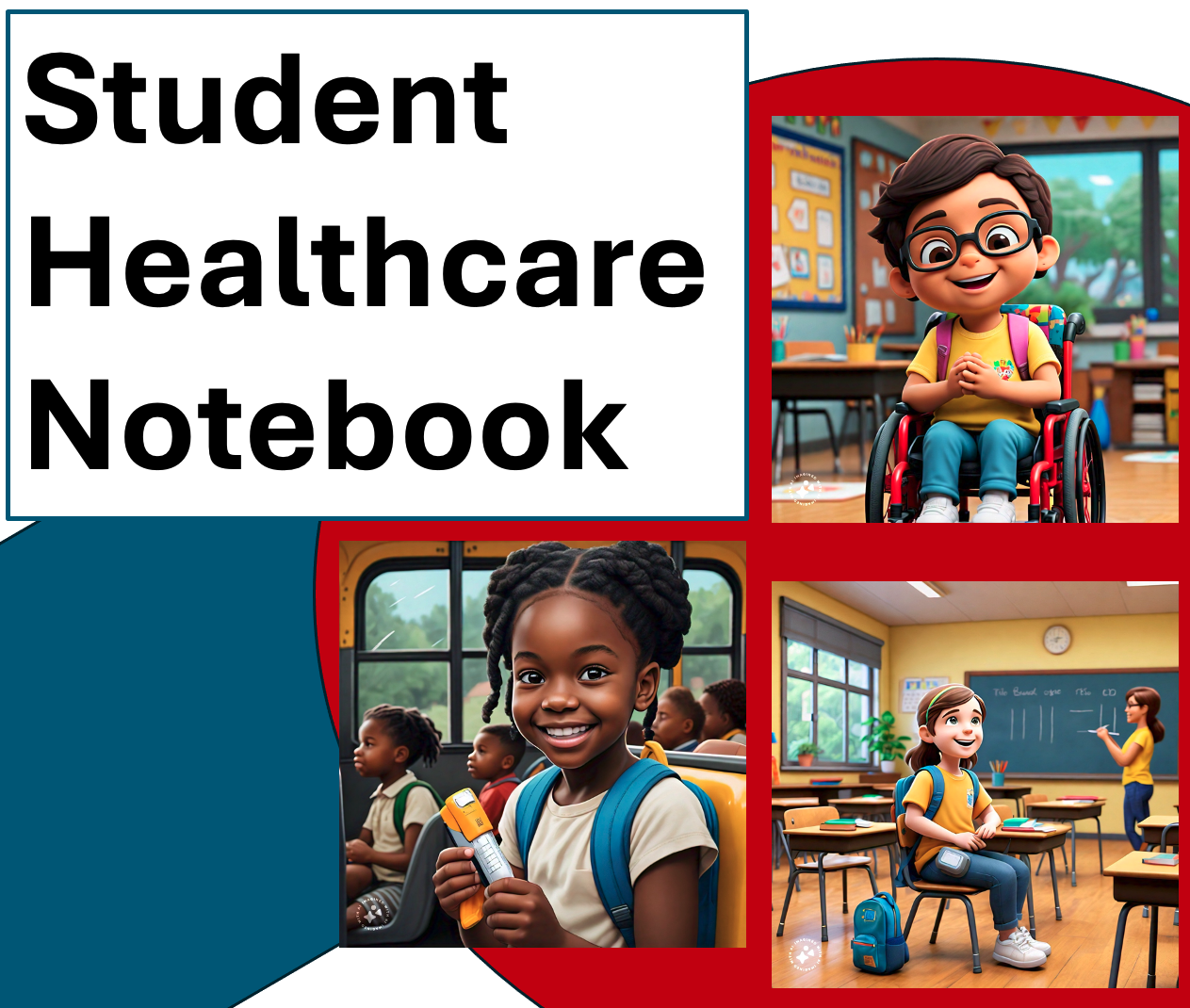
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This document is provided by the Council for Exceptional Children Complex and Chronic Conditions: The Division for Physical, Health and Multiple Disabilities. This notebook is designed to help share healthcare information between home, school, and medical services. You can save it to a OneDrive folder or other document sharing site to be shared electronically or it can be printed and transported in the child’s backpack. Please download this document to use with your child or student. Feel free to make changes as needed, but please retain original credit. If you find accessibility issues with this document, please contact Mari Beth Coleman ([mbc@utk.edu](mailto:mbc@utk.edu)).

| **Student Healthcare Notebook**  **for**  **(Insert Child’s Name)** | Place Photo Here |
| --- | --- |

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## Child’s Information

| **Name** |  | **Date of Birth** |
| --- | --- | --- |
|  |  |  |

| **Blood Type** |  | **Allergies** |
| --- | --- | --- |
|  |  |  |

| **Diagnosis / Diagnoses** | **Associated Emergency or Healthcare Procedures** |
| --- | --- |
|  |  |
|  |  |
|  |  |

| **Medical Devices** | **Associated Emergency or Healthcare Procedures** |
| --- | --- |
|  |  |

| **Other Important Information (e.g., symptoms of pain, pain management)** |
| --- |
|  |

## Child’s Overall Health Information

| Medical History / Key Medical Events |
| --- |
|  |
| Diet and Nutrition Information |
|  |
| Activity Restrictions / Limitations |
|  |

## Emergency Information

| **Child’s Ability to Communicate Needs and Information in the Event of an Emergency** |
| --- |
| Describe child’s communication abilities / needs here |

| **Preferred Hospital**  **Transport to this facility unless (reason listed)** | **Secondary / Specialty Hospital**  **Transport to this facility if (reason listed)** |
| --- | --- |
| Hospital Name  Street Address  City, State, Zip Code  Phone Number | Hospital Name  Street Address  City, State, Zip Code  Phone Number |

| **Potential Emergency for (Condition)** | **Steps (see additional pages below for detailed treatment information)** |
| --- | --- |
| Describe | * Call 911 (remove if not necessary or place lower in the steps list) * Begin (treatment) as located on page # |

| **Potential Emergency for (Condition)** | **Steps (see additional pages below for detailed treatment information)** |
| --- | --- |
| Describe | * Call 911 (remove if not necessary or place lower in the steps list) * Begin (treatment) as located on page # |

## Emergency Contacts

| **Parent / Guardian Name, Address, Email** | **Phone Number(s)** |
| --- | --- |
| Name  Street address  City, State, Zip code  Email address | Cell Phone:  Work Phone:  Other Phone: |

| **Parent / Guardian Name, Address, Email** | **Phone Number(s)** |
| --- | --- |
| Name  Street address  City, State, Zip code  Email address | Cell Phone:  Work Phone:  Other Phone: |

| **Parent / Guardian Name, Address, Email** | **Phone Number(s)** |
| --- | --- |
| Name  Relationship to child  Street address  City, State, Zip code  Email address | Cell Phone:  Work Phone:  Other Phone: |

## Healthcare Contacts

| **Primary Care Physician** |  | **Specialist – (list here)** |
| --- | --- | --- |
| Name  Clinic / office  Street address  City, State, Zip code  Email address  Phone number |  | Name  Clinic / office  Street address  City, State, Zip code  Email address  Phone number |

| **Specialist – (list here)** |  | **Specialist – (list here)** |
| --- | --- | --- |
| Name  Clinic / office  Street address  City, State, Zip code  Email address  Phone number |  | Name  Clinic / office  Street address  City, State, Zip code  Email address  Phone number |

## Current Medications and Side Effects

| **Medication** | **Reason Taken** | **How / How Often Administered** |
| --- | --- | --- |
|  |  |  |
| **Side Effects / Important Information** | | |
|  | | |

| **Medication** | **Reason Taken** | **How / How Often Administered** |
| --- | --- | --- |
|  |  |  |
| **Side Effects / Important Information** | | |
|  | | |

| **Medication** | **Reason Taken** | **How / How Often Administered** |
| --- | --- | --- |
|  |  |  |
| **Side Effects / Important Information** | | |
|  | | |

| **Medication** | **Reason Taken** | **How / How Often Administered** |
| --- | --- | --- |
|  |  |  |
| **Side Effects / Important Information** | | |
|  | | |

| **Medication** | **Reason Taken** | **How / How Often Administered** |
| --- | --- | --- |
|  |  |  |
| **Side Effects / Important Information** | | |
|  | | |

## Healthcare Procedures at School

(copy and paste if needed)

| **Procedure** | **Why Is the Procedure Needed?** |
| --- | --- |
|  |  |
| **Who is Trained to Perform the Procedure?** | **How Trained? By Whom? (If non-medical personnel, formal training and clearance should be documented)** |
|  |  |
| **Possible Emergencies / Problems** | **What to Do for Emergency / Problem** |
|  |  |
| **Procedure Steps and Information** | |
|  | |

## Surgeries and Hospitalizations

| **Date** | **Reason / Procedure** | **Hospital / Physician** | **Notes** |
| --- | --- | --- | --- |
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## Adaptations Needed for Health / Medical Needs

### Monitoring

| **Needed** | **Adaptation** | **Notes:** |
| --- | --- | --- |
| ☐ | Monitoring for symptoms related to condition |  |
| ☐ | Monitoring for pain / discomfort |  |
| ☐ | Scheduled times for medical monitoring (e.g., glucose checks) |  |

### Schedule Adaptations

| **Needed** | **Adaptation** | **Notes:** |
| --- | --- | --- |
| ☐ | Schedule academics in the morning due to fatigue later in the day |  |
| ☐ | Formalize a plan for making up work missed due to health reasons |  |
| ☐ | Include home placement plan in IEP (e.g., after 3 absences, home placement services begin) |  |

### Materials Adaptations

| **Needed** | **Adaptation** | **Notes:** |
| --- | --- | --- |
| ☐ | Ensure student has health equipment at all times (e.g., epinephrine pen in backpack on playground) |  |
| ☐ | Allow student to have clothing items / food / water despite school rules (e.g., allow hat inside if needed) |  |
| ☐ | Clear all snacks or science materials prior to introducing them to the classroom (e.g., no peanuts) |  |

### Facilities Adaptations

| **Needed** | **Adaptation** | **Notes:** |
| --- | --- | --- |
| ☐ | Location and equipment for healthcare procedures (e.g., bathroom with self-catheterization supplies) |  |
| ☐ | Allow student to use adult restroom or separate restroom |  |
| ☐ | No room sprays or classroom pets |  |

## Resources and References

<https://www.cookchildrens.org/siteassets/documents/resources/family-medical-planner.pdf>

## Medical Event Log

This could be used for seizures or other medical events. Often, non-profit organizations (e.g., Epilepsy Foundation) will have specific logs that will be a perfect fit if this does not work for the child/student.

If logs are kept by hand, scan/ photograph and insert them below

| **Date** | **Time** | **Event Being Logged (e.g., seizure or procedure or medication)** | **Circumstances (What happened, why is this being logged?)** | **Notes** |
| --- | --- | --- | --- | --- |
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## Sleep / Food / Medical Monitoring Log

If logs are kept by hand, scan/ photograph and insert them below

| **Date** | **Time** | **Amount (hours of sleep, food, glucose level, etc.)** |  | **Date** | **Time** | **Amount (hours of sleep, food, glucose level, etc.)** |  | **Date** | **Time** | **Amount (hours of sleep, food, glucose level, etc.)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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## School / Home Communication Log

If logs are kept by hand, scan/ photograph and insert them below

| **Date** | **Person Logging** | **Notes** |
| --- | --- | --- |
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