

**PLYMOUTH JOINT SCHOOL DISTRICT
HEALTH OFFICE**

Anne Nelson, RN, BSN
Early Childhood – 5th Grade
annelson@plymouth.k12.wi.us
892-2661, Ext. 4520 or 2105



District Nurses

Sara Stout, RN, BSN
6th Grade – 12th Grade
sstout@plymouth.k12.wi.us
892-2661, Ext. 1100 or 2105

Dear Parent/Guardian,

If your child has a chronic or serious health concern, it is necessary for us to have the following information in order for a safe and successful school year. If your child has an allergy, asthma, seizures or diabetes please refer to these specific conditions under “Chronic Health Conditions.”

1. **Individual Health Plan** – This plan will make us aware of your child’s specific health needs and how to best care for and accommodate your child. This plan will be used at all times in an emergency for contact information and emergency instructions and will accompany your child off school grounds. This plan will be kept confidential and shared only with members of staff who have direct responsibility for your child.
2. **Medication Authorization Form** - Complete a Medication Authorization Form for each medication to be carried or used at school.
 - If your child needs an over-the-counter medication while at school, parent authorization is all that is required. Complete and sign the top portion of our Medication Authorization Form and bring this and the medication to your school office.
 - If your child will need a prescription medication at school, we need you to complete and sign the top and have your health care provider complete and sign the bottom portion of the form. Any medication will be labeled with your child’s name and kept secure.

These forms must be completed yearly before the first day of school. Once complete, please return these forms and any supplies to your school office or mail or fax these forms directly to us. It is important that you notify us and your child’s physician if there are any changes during the school year so that we can revise your child’s health plan. Please feel free to call us if you would like to discuss your child’s condition or need help completing these forms.

Thank you for your time.

Sincerely,

Anne Nelson, RN

Sara Stout, RN

Fairview Elementary
300 Salem Drive
Plymouth, WI 53073
Fax: 892-5071

Horizon Elementary
411 S. Highland Ave.
Plymouth, WI 53073
Fax: 892-5073

Parkview Elementary
500 Parkview Drive
Plymouth, WI 53073
Fax: 892-5077

Riverview Middle School
300 Riverside Circle
Plymouth, WI 53073
Fax: 892-5072

Plymouth High School
125 Highland Avenue
Plymouth, WI 53073
Fax: 892-5070