

INFLAMMATORY BOWEL DISEASE PLAN

School Year:

SCHOOLS	DOD
Student Name:	DOB:
School:	Student ID:
CONTACTS:	
MOTHER:	FATHER:
HOME:	HOME:
WORK:	WORK:
CELL:	CELL:
EMERGENCY CONTACTS:	
Name:	Phone:
Name:	Phone:
PHYSICIAN:	PHONE:
HOSPITAL PREFERENCE:	THOILE.
TIOST TITLE FREE FREE TEE.	
Episodes of flare ups and remission may occur. POSSIBLE SYMPTOMS: - fever - persistent loose, watery, frequent diarrhea - crampy abdominal pain - decreased appetite / weight loss BRIEF STUDENT HISTORY / MEDICATIONS:	
MANAGEMENT: - liberal bathroom privileges - access to a private bathroom - ostomy care :	
CALL PARENT IF: - change in bathroom habits (soiling or increased frequency) - fever - severe abdominal pain other:	
CALL 911 IF: intolerable pain change in level of consciousness	- uncontrolled bleeding
Copy of this plan has been provided to Transportation Supervisor Yes No	
Parent Signature Date	County School Nurse Signature Date