



The Ecology School

Parent Consent for Management of Chronic Illness or Allergy

Student Name _____ DOB _____ Gender _____

School _____ Teacher _____

I, _____, the parent or guardian of the above named student, request The Ecology School use this Chronic Illness Plan to guide healthcare management for my child while in attendance The Ecology School. My signature at the bottom of this page indicates:

I agree to:

1. Provide the necessary supplies and equipment for my child's care.
2. Notify The Ecology School nurse of any changes in the student's health status before arrival.
3. Authorize the school nurse to communicate with my child's primary care provider as needed.
4. Work with The Ecology School and my child's school to ensure that my child receives the most appropriate care given the unique nature of a residential program.

I have read and understand The Ecology Schools "Medical Management Plan for Student with Chronic Illness or Severe Allergy" and agree to work with my child's school and The Ecology School to ensure the best care for my child.

I understand that medications that have been prescribed for my child's use may only be administered by a school nurse or authorized staff member if:

1. the medication has been appropriately labeled by a pharmacist under the direction of a licensed health care provider and is not expired

Medications I have provided:

Medical Equipment I have provided:

Allergies: List known allergies to medications, foods, or air-borne substances:

Signature of parent or legal guardian _____ Date _____

Home phone _____ Cell phone _____

Place of employment _____ Work phone _____

To be filled out by child's health care provider: *

- I certify that this child has a medical history of chronic illness and has been trained in the use of the listed medication, and is judged by me to be:

____ capable of carrying and self-administering the listed medication (s)

____ NOT capable of carrying and self-administering the listed medication (s)

Healthcare Provider name _____ Phone _____

Healthcare Provider Signature _____

** Many schools require a similar form, signed by a health care provider, to be on file with the school nurse. If you can provide The Ecology School with a copy of this form, this is generally an acceptable substitute for the health care provider signature above.*