

## SCHOOL GUIDELINES FOR THE STUDENT WITH ADHD

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION DURING SCHOOL HOURS

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of emergency and parents cannot be contacted, please call:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICATIONS AT HOME

1. Prescription Medication \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

2. Prescription Medication \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

### MEDICATIONS AT SCHOOL

1. Prescription Medication \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

2. Prescription Medication \_\_\_\_\_

Dose \_\_\_\_\_ Time \_\_\_\_\_

### PLAN OF CARE FOR SCHOOL PERSONNEL

1. Maintain a quiet environment with minimal distractions.
2. Give simple directions.
3. Reward appropriate behavior.
4. Give medications as ordered by physician.
5. Monitor for potential side effects.
6. Notify parents of behavioral changes.

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

