

## Desoto County Schools

### Health Care Plan for Crohn's Disease/IBS

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The student has the following symptoms at times:

\_\_\_\_\_ Diarrhea                      \_\_\_\_\_ Nausea                      \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Pain / cramping                      \_\_\_\_\_ Vomiting

\_\_\_\_\_ Fatigue                      \_\_\_\_\_ Bloating

**If the student has any of the above symptoms, please do the following:**

1. Allow bathroom privileges as needed. Develop a system of notification, so the student will not be embarrassed or have to ask to go to the bathroom.
2. Allow student to drink fluids as needed in class to stay hydrated.
3. Allow to eat a snack as needed
4. Allow student to leave class to take medication as needed. The student takes the following medication at school: \_\_\_\_\_.  
Possible side effects of medication: \_\_\_\_\_.
5. Allow the student to keep a change of clothes at school. Extra clothes will be kept at the following location: \_\_\_\_\_.
6. Allow the student to rest for a few minutes at the following location:  
\_\_\_\_\_.
7. Call the parent as needed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone number: \_\_\_\_\_

Secondary Contact and number: \_\_\_\_\_