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| Procedure for Sharing Student-Athlete’s Health Information with Coaches |
| Have coach come to pick up student-athlete’s health information from the school nurse at a mutually convenient time. |
| Give the coach: 1. Parent/guardian completed Emergency Contact Information for the student-athlete (Coaches copy);
2. Emergency Care Plans for students with medical concerns; and
3. Student-Athletes with Health Conditions form.
 |
| Review student medical concerns with the coach.  * Include a brief description of the medical condition.
* Review emergency care plan.
* Review the need for medication if warranted.
* Ensure that if medication is permitted to be administered by unlicensed personnel in State Law and will be administered by the coach - that the healthcare provider order and parent/guardian permission for administration is given to the coach.
* Ensure the coach has taken the appropriate training and is up to date with the administration of the medication, i.e., an epinephrine auto-injector.
* Have the coach sign that they received the student Emergency Contact Information, the Emergency Care Plans for students with medical concerns, and medication.
* Remind the coach that they are responsible for maintaining the confidentiality of student health information and must return all student health information and medication to the school nurse at the end of the sport season.
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**School District Letterhead**

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| Sample Student Athletes Health Conditions**CONFIDENTIAL** Health Info  |
| Sport: |  Click or tap here to enter text. | Date: | Click/tap to pick a date. |
| School: | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| Grade | Initials | Medication | Care Plan | Comments |
| Select Grade | Student Initials | [ ]  Yes [ ]  No[ ] \* [ ] \*\* | [ ]  Yes [ ]  No | Enter comments |
| Select Grade | Student Initials | [ ]  Yes [ ]  No[ ] \* [ ] \*\* | [ ]  Yes [ ]  No | Enter comments |
| Select Grade | Student Initials | [ ]  Yes [ ]  No[ ] \* [ ] \*\* | [ ]  Yes [ ]  No | Enter comments |
| Select Grade | Student Initials | [ ]  Yes [ ]  No[ ] \* [ ] \*\* | [ ]  Yes [ ]  No | Enter comments |
| Select Grade | Student Initials | [ ]  Yes [ ]  No[ ] \* [ ] \*\* | [ ]  Yes [ ]  No | Enter comments |
| Select Grade | Student Initials | [ ]  Yes [ ]  No[ ] \* [ ] \*\* | [ ]  Yes [ ]  No | Enter comments |
| Select Grade | Student Initials | [ ]  Yes [ ]  No[ ] \* [ ] \*\* | [ ]  Yes [ ]  No | Enter comments |
| Select Grade | Student Initials | [ ]  Yes [ ]  No[ ] \* [ ] \*\* | [ ]  Yes [ ]  No | Enter comments |
|  |  | \* These are emergency medications that the athlete must have at ALL times.\*\* These are controlled substances and must be carried by the coach. |

**CONFIDENTIAL - Please call the school nurse with any questions**

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| School Nurse: | Click or tap to enter school nurse name | Phone: |  Click to add  |
| School: |  Click or tap to enter school name  | Fax: |  Click to add  |
| Email: |  Click to add school nurse email  |

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| --- | --- | --- | --- |
| On the | click to add date. | the Emergency Care Plan for |  student name/initials |
|  | Date |   | Name/Initials |
| and the use of | name of medication | was reviewed and the medication |
|  | Name of Medication |   |  |
| was provided to the coach. |   |
|  |  |  |  |  |
| The | sport name  | season ends on | last day of sport season. |
|  | Name of Sport  |  | Date |
| At the end of the sports season the coach will return to the school nurse* the Athletic Emergency Card (Coaches Copy)
* the Emergency Care Plan
* the medication
 |
|  |  |  |
| Coach Signature |  | Date |
|  |  |  |

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| --- | --- | --- | --- |
| On the | click to enter date. | the Emergency Care Plan for |  student name/initials |
|  | Date |   | Name/Initials |
| and the use of | name of medication | was reviewed and the medication |
|  | Name of Medication |   |  |
| was provided to the coach. |   |
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|  |  |  |
| Coach Signature |  | Date |
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