SPECTRUM ACADEMY
Health Care Plan

MUSCULAR DYSTROPHY

Student Name: ____________________________ **Date:** ________________

Muscular Dystrophy (MD) refers to a group of hereditary muscle diseases that weaken the muscles that move the human body. MD is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle tissue.
Nine specific diseases are always classified as MD, but there are more than 100 diseases with similarities to MD. Most types of MD affect multiple body systems including the heart, gastrointestinal, nervous system, endocrine glands, skin, eyes and the brain. The condition may also lead to mood swings and learning difficulties.

Symptoms may include: poor balance, frequent falls, walking difficulty, limited range of motion, respiratory difficultly, drooping eyelids, loss of bladder control and progressive muscular wasting.

The prognosis for people with MD varies according to the type and progression of the disorder. Some cases may be mild and progress very slowly over a normal lifespan, while others produce severe muscle weakness, functional disability, and loss of ability to walk. Some children with MD die in infancy while others live into adulthood with only moderate disability.

Student's type:

1. Signs and Symptoms of Health Concern:

2. Would your student verbalize he/she is having difficulty at school related to health concern?

3. Do you think your student holds back from participating in activities at school because of health concern and why?

SPECTRUM ACADEMY

Health Care Plan

MUSCULAR DYSTROPHY

Student Name: ______________________________ **Date:** ______________________

4. Does student need special consideration related to health concern while at school?
   A. [ ] Modified classroom
   B. [ ] Lunch room considerations (parent to notify nutrition services)
   C. [ ] Modified PE class
   D. [ ] Modified outside activities
   E. [ ] Field trips
   F. [ ] Seasonal changes
   G. [ ] Emotional or behavioral
   H. [ ] Other:

5. Does student require medications while at school?
   A. Medications:

   B. If your student needs assistance with medication in the school, parent and health care provider must complete Davis School District Authorization of School Personnel to Administer Medication Form. This form must be on file in school office with medication.

6. Additional Information:

AUTHORIZATION / INFORMED CONSENT / MEDICAL RELEASE

1. I have reviewed and am in agreement with the Health Care Plan and I authorize school officials to provide my child with health care services in accordance with this plan. I understand that my student's health information will need to be shared:
   A. To benefit the student in terms of health maintenance and academic progress.
   B. When necessary to accommodate the safety and well-being of student and staff.
   C. With the discretion of the school nurse to determine what is shared and who should know.

SPECTRUM ACADEMY
Health Care Plan

MUSCULAR DYSTROPHY

Student Name: ______________________ **Date:** ______________________

2. I understand that consent for sharing of health information will remain in effect as long as my student is enrolled in Spectrum Academy and may be revoked at any time in writing by parent / guardian.

3. I understand if clarification of the health information is needed, my signature authorized the school nurse to contact the medical provider and authorized the medical provider to release information.

___________________________________ ___________________

Parent Signature Date

___________________________________ ___________________

School Personnel Signature Date

___________________________________ ___________________

School Nurse Signature Date

I, ____ agree with and approve the above care plan.

Healthcare Provider - printed name

______________________________________ ___________________

Healthcare Provider Signature Date