SPECTRUM ACADEMY
Health Care Plan

SPINA BIFIDA

Student Name: **Date:**

Spina Bifida (SB) is a disorder involving incomplete development of the brain, spinal cord, and/or their protective coverings, caused by the failure of the fetus's spine to close properly during the first month of pregnancy. Infants born with SB sometimes have an open lesion on their spine where significant damage to the nerves and spinal cord has occurred. Although the spinal opening can be surgically repaired shortly after birth, the nerve damage is permanent, resulting in varying degrees of paralysis of the lower limbs. Even when there is no lesion present there may be inappropriately formed or missing vertebrae and accompanying nerve damage. In addition to physical and mobility difficulties, most individuals have some form of learning disability. The three most common types of SB are: myleomeningocele, the severest form, in which the spinal cord and its protective covering (the meninges) protrude from an opening in the spine; meningocele in which the spinal cord develops normally but the meninges protrude from a spinal opening; and occulta, the mildest form, in which one or more vertebrae are malformed and covered by a layer of skin. SB may cause bowel and bladder complications and many children with SB have hydrocephalus (excessive accumulation of cerebrospinal fluid in the brain).

1. Student's type of Spina Bifida is:

2. Signs and Symptoms of Health Concern:

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

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

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5. Does student need special considerations 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

6. 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 Authorization of School Personnel to Administer Medication Form. This form must be on file in school office with medication.

7. 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.

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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.

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