Spectrum Academy
Health Care Plan
TETHERED SPINAL CORD

Student Name: _____ **Date:** _____

A tethered spinal cord is when the spinal cord is restricted and therefore cannot move freely as the child bends and moves about. The small blood vessels nourishing the cord are stretched. This may become a particular problem during rapid growth periods. Surgical release is required. Activity will be resumed slowly and return to function varies.

1. Signs and Symptoms that may indicate problems include:
    A. Worsening gait
    B. Worsening scoliosis
    C. Back pain
    D. Spasticity

2. Report any noted symptoms to parents immediately.

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.

2. U 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

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Student Name: _____ **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