



**Cystic Fibrosis Emergency Care Plan**

**This form is to be filled out and signed by a physician (medical doctor).** If there is additional information regarding your child’s cystic fibrosis needs that do not fit on this document, all additional pages must be submitted on the physician’s letterhead and each page signed by the physician. Please submit the care plan and the medication authorization form, also completed by a physician, to [studenthealth@flvs.net](mailto:studenthealth@flvs.net). If no medications are required, then just the care plan can be submitted. All documents are required for the care plan to be put in place.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part to be completed by Physician:**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Symptoms:  persistent coughing, at times with mucus  fatigue  wheezing or shortness of breath  
 upset stomach  recurrent respiratory infections

Other: \_\_\_\_\_

\_\_\_\_\_

**Physician, please circle the appropriate boxes and include any necessary details or specifications:**

Special diet requirements: No Yes \_\_\_\_\_

\_\_\_\_\_

Enzymes, needed for meals: No Yes: Name \_\_\_\_\_ # for meals: \_\_\_\_\_

# for snacks: \_\_\_\_\_ Other: \_\_\_\_\_

Inhaler No Yes: \_\_\_\_\_ DOSE: \_\_\_\_\_

When to take: \_\_\_\_\_

Directions: \_\_\_\_\_

Other: \_\_\_\_\_

Activity restrictions: No Yes: \_\_\_\_\_

\_\_\_\_\_

Special Equipment Needed at school: No Yes : \_\_\_\_\_

\_\_\_\_\_

<b>For self-administration of Enzymes:</b> It is my professional opinion that the student:	<b>For self-administration of an Inhaler:</b> It is my professional opinion that the student:
<input type="checkbox"/> <b>Is ABLE</b> to carry and self-administer the enzymes by him/herself	<input type="checkbox"/> <b>Is ABLE</b> to carry and self-administer the inhaler by him/herself
<input type="checkbox"/> <b>Is UNABLE</b> to carry and self-administer the enzymes by him/ herself.	<input type="checkbox"/> <b>Is UNABLE</b> to carry and self-administer the inhaler by him/ herself.

**Emergency Action Plan:**

<b>If difficulty breathing:</b> <ul style="list-style-type: none"> <li>● Stay calm and reassure student</li> <li>● Position student for optimal breathing</li> <li>● Have student use inhaler, if available</li> <li>● Stay with student</li> <li>● Call Emergency Contacts</li> </ul> •Other: _____ _____ _____ _____	<b>Call 911 if this happens:</b> <ul style="list-style-type: none"> <li>● Chest/neck retracting when breathing</li> <li>● Struggling to breath</li> <li>● Blue lips or fingernails</li> <li>● Difficulty walking or talking</li> </ul> Other: _____ _____ _____ _____
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**Physician Signature:** \_\_\_\_\_

**Physician Stamp:** \_\_\_\_\_

*I certify that I am the parent or guardian of the above-named student, I approve this emergency care plan and understand that this plan will be shared with necessary Florida Virtual School (“FLVS”), state testing site personnel, county health department, medical personnel, and their employees and volunteers to ensure the safety of the student with a health condition. I authorize the above-medication to be administered as described or prescribed during FLVS in-person events or state testing. With full understanding of the risks involved, on behalf of myself and my child, I hereby release, hold harmless and indemnify FLVS, state testing site personnel, county health department, medical personnel, and their employees and volunteers for damages, payments, fees, and any other monetary obligations and indebtedness of any form caused by or arising from my child’s personal injury or death arising from my child’s self-administration of medication. I agree that I am responsible for providing the school with my emergency contact information, and my child’s Emergency Care Plan, medication, and Medication Authorization form completed by the physician. By signing this form, I acknowledge that I have read and understand this form in its entirety.*

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