



Warren County Public Schools

Special Services

465 W. 15th St., Ste. 500

Front Royal, VA 22630

Phone (540) 635-2725

Fax (540) 635-3001

www.wcps.k12.va.us

OFFICE OF THE
DIRECTOR, SPECIAL SERVICES

August 12, 2021

Warren County Public Schools strives to meet the individualized health care needs of our students. To meet these needs, our medical staff and administrative teams collaborate with community based medical professionals to create individualized health care plans. The plans contain documentation that records important information about medical conditions, symptoms and prescribed interventions that support students while in school. The attached form can be used by the parent to initiate the process to create a health care plan. In addition, schools will accept other types of documentation from a student's doctor to start the process. Please return this form, or other medical documentation, to an administrator at your child's school to start the health care plan for your child. If you have any questions, please call the Special Services office at 540-635-2725.



Warren County Public Schools

210 North Commerce Avenue
Front Royal, Virginia 22630-4419
Phone (540) 635-2171,
Fax (540) 636-4195
www.wcps.k12.va.us

OFFICE OF THE
SUPERINTENDENT

General Medical Health Plan

Date: _____ School: _____

Your student _____ is currently under the care of
_____ (medical facility/doctor), having been diagnosed
with _____

We believe that a child's school experience is critical for growth and development, as well as promoting self-esteem during and after treatment. We encourage students to attend school on all days that are medically possible. We recognize that accommodations must be made for repeated school absences for medical appointments, for treatments and for side-effects of the treatment and will work with the school in all cases including the possibility of homebound education.

Parents should be notified of any changes in the student's demeanor, especially the following:

Current Plan treatment: _____

Medications to be taken during school:

Limitations on activities: _____

Suggested accommodations:

Possible side effects of the disease and/or therapy:

Anticipated school absences: minimal (less than 5 days a month)
 moderate (5-10 days a month)
 significant (greater than 10 days a month)

Comments: _____

Health Care Provider's signature: _____
Phone number: _____