LOGOS
PUBLIC CHARTER SCHOOL
Innovative Education Kindergarten to Career
1203 N Ross Ln, Medford, OR 97501 | 541.842.3658

Individualized Health Plan - Other Condition(s)

Student:_____ DOB:_____ Grade:_____ Student ID:_____
Parent/Guardian:_____ Phone:_____
Parent/Guardian:_____ Phone:_____
Additional Emergency Contact:_____ Phone:_____
Additional Emergency Contact:_____ Phone:_____

Condition	Symptoms	Plan/Action Needed	Medication(s)

I give permission to staff members of Logos Public Charter School to perform and carry out the tasks as outlined by my child's Individualized Health Plan. I also consent to the release of the information pertaining to my child's medical condition to the staff members who have custodial care and those who may need to know this information to maintain my child's health and safety during the school day. **Students may only carry and self-administer non-controlled medications with a permission form signed by an administrator & parent/guardian. Staff may only administer medications with a permission form signed by parent/guardian.**

_____ _____
Parent/Guardian Signature Date