



Dear Parent(s),

Utica Community Schools are committed to providing a healthy and safe environment for each of our students. A health plan is required to be completed at the beginning of every school year. Health plans should be completed for any condition that may involve special dietary considerations, activity levels, medications, or treatment of urgent problems. Completion of health plans allows our staff to take the best possible care of your child.

A physician signature is required on all health plans. Any medications that are to be distributed by school staff or used by student at school must have an Authorization for Medication completed and signed by a physician, including any over-the-counter medications.

Health Care Plans and Authorization for Medication forms are available at <https://www.uticak12.org/cms/One.aspx?portalId=578321&pageId=5042259>. Two transportation forms are required for every student that rides the bus with a COLOR picture attached to each form. Depending on your child's diagnosis, the following forms are required by the school:

- **Food Allergies/Insect Allergies/Latex Allergies:** FARE Food Allergy and Anaphylaxis Emergency Care Plan, Michigan Department of Education Medical Statement to Request Special Meals and/or Accommodations, 2 Authorization for Medications (one for an anti-histamine and one for Epinephrine), 2 Transportation Forms (if your child is a bus rider)
- **MDE Dietary Accommodations:** Required for Food Services for students with Food Allergies.
- **Asthma:** Asthma Health Care Plan, Authorization for Medication for a rescue inhaler, 2 Transportation Forms (if your child is a bus rider)
- **Seizure:** Seizure Health Care Plan, Authorization for Medication for rescue medications and/or other medications, 2 Transportation Forms (if your child is a bus rider)
- **Diabetes:** Diabetes Health Care Plan, 2 Transportation Forms (if your child is a bus rider) and you must submit your Diabetes Medical Management Plan from your Endocrinologist
- **Heart Condition:** Heart Condition Health Care Plan and 2 Transportation Forms (if your child is a bus rider).
- **Any other diagnosis:** General Health Care Plan, Authorization for Medication (if needed), 2 Transportation Forms (if your child is a bus rider)

Please return all the necessary, completed and signed forms to your current building principal at your earliest convenience at their email: [kenneth.cucchi@uticak12.org](mailto:kenneth.cucchi@uticak12.org)

Your cooperation will help ensure a safe and healthy school year. Any questions can be directed to: Rebecca Rosbolt, BSN, RN, Utica Community School's District Nurse [rebecca.rosbolt@uticak12.org](mailto:rebecca.rosbolt@uticak12.org)

If your student previously had a Health Care Plan in the 2020-2021 school year and is no longer necessary, please have your physician complete below and sign.

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The diagnosis, \_\_\_\_\_, is no longer active for my child and can be changed in your records that a health plan is no longer required for my child.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name/ Address/Phone Number

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