

Edgewood High School's

Action Care Plan

For Crohn's Disease/IBS

Student Name: _____ Date: _____

Grade: _____

The student has the following symptoms at times:

_____ Diarrhea _____ Nausea _____ Other: _____

Pain / cramping _____ Vomiting _____ Fatigue _____ Bloating

If the student has any of the above symptoms, please do the following:

1. Allow bathroom privileges as needed. Develop a system of notification, so the student will not be embarrassed or have to ask to go to the bathroom.

2. Allow student to drink fluids as needed in class to stay hydrated.

3. Allow to eat a snack as needed

4. Allow student to leave class to take medication as needed. The student takes the following medication at school: _____. Possible side effects of medication: _____.

5. Allow the student to keep a change of clothes at school. Extra clothes will be kept at the following location: _____.

6. Allow the student to rest for a few minutes at the following location:

_____.

7. Call the parent as needed.

Parent/Guardian Signature: _____ Date: _____

Daytime Phone number: _____

Secondary Contact and number: _____