PLANO INDEPENDENT SCHOOL DISTRICT

Medical Emergency Response Do Not Resuscitate (DNR)

**Physician Orders for Individual Health Plan for DNR**

Name: Birth date: ID #:

First Last

Name of Mother:

First Last

Address:

Zip Code

State

City

Street

Work Phone: Home Phone:

Name of Father:

First Last

Address:

Zip Code

State

City

Street

Work Phone: Home Phone:

Physician: Phone:

1. Criteria for activating EMS and DNR Protocol (within the school or during school transportation).
2. Prior to arrival of EMS: measures that will be taken and under what conditions. (Refer to DNR Order for interventions that cannot be done.)
   1. List medical interventions to be done for the student/patient for a respiratory arrest
   2. List medical interventions to be done for student/patient for a cardiac arrest:
3. Measures to be taken during transport.
4. Measures that will be taken by EMS

I understand and agree with this Individual Health Care/Emergency Plan for DNR Order.

Date

Date

Signature of Father

Signature of Principal

Date

Date

Signature of School Nurse

Signature of Mother

Date

Signature of Physician