**HOSPITAL STAFFING/DISCHARGE NOTES**

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| Student name: | Date of staffing: |
| Admittance date: | Expected discharge date: |
| Re-entry meeting at school scheduled for: |  |

|  |  |
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| **Individuals in attendance** | **Hospital staff:****parent/guardian:****Community supports:** |
| **Diagnosis** |  |
| **Current medications** |  |
| **Community resources working with student (who and roles)** |  |
| **Plan for return, including who is point person at school** | **Identified person:****Safety plan:****Coping strategies:** |
| **Modifications at school** |  |