



**Maryland Medical Orders for Life-Sustaining
Treatment (MOLST)
Individual Student Plan**

Health Services

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

FCPS Form 400-39-F01
[Regulation 400-39](#)
November 2023

Clear Form

Student Name _____ Date of Birth _____

The original Maryland State Physician Order/Parent Authorization Form(s) is completed and maintained.

(Locations)

Student will, or will not wear a DNR identification bracelet.

Allowable medical intervention/palliative care:

Disallowed medical interventions:

School staff to be informed of the DNR status:

Plan for transporting the student from school and referring to appropriate care, when physical condition begins to deteriorate:

Contact the following persons in the order listed for emergencies:

| Name | Title | Telephone(s) |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Staff Training plans:



Parent/Guardian _____
Date

School Administrator _____
Date

Health Care Provider _____
Date