



Individualized Health Care Plan

Student Name:

School Year:

Other Medical Condition Individualized Healthcare Plan

SECTION I			
Student:			WT:
			HT:
Grade:	D.O.B	Any Known Allergies	
School:			
District:		Bus (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Bus #AM	Bus #PM
School Nurse:		Pager #	Cell #
Medication taken at home: (please list)			
<b>Contacts</b>			
Mother	Home #	Work #	Pager/Cell #
Father	Home #	Work #	Pager/Cell #
Guardian/Custodian	Home #	Work #	Pager/Cell #
Home Address		City #	Zip
Emergency Contact (Relationship)		Home #	Work #
Physician		Phone #	Fax#
Physician Address		City	Zip
<b>Date</b>	<b>Special Notes</b>		





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SECTION III:

Brief description of medical condition:

Avoid circumstances that may lead to potential emergency:

CLASSROOM:

PHYSICAL EDUCATION:

FIELD TRIPS:

BUS TRANSPORTATION:

EMERGENCY DRILLS AND SCHOOL CRISIS EVENTS

OTHER:

- During Crisis Event Follow School Safety Plan.
- School Nurse will secure medications in accordance with school safety plan
- In event of building evacuation, School Nurse or Medication Assistant will evacuate with medications.
- In event of building evacuation, School Nurse Location is:
- Student requires assistance to evacuate building?
  - No  Yes
    - If "yes", describe:

After School Care:

Extracurricular Activity:

