

INDIVIDUALIZED HEALTH CARE PLAN

STUDENT'S NAME: _____
DOB/AGE: _____
ADDRESS: _____
PARENT/GUARDIANS: _____

SCHOOL: _____
GRADE: _____
TEACHERS: _____
PRINCIPAL: _____
BUS #: _____

CONTACTS

1ST CONTACT:
NAME: _____
(relationship)

1ST PHONE: _____ 2ND: _____

2ND CONTACT:
NAME: _____
(relationship)

1ST PHONE: _____ 2ND: _____

PHYSICIAN:
NAME: _____

PHONE: _____

HOSPITAL: _____

EMS/AMBULANCE: _____

OTHER: _____

MEDICAL HISTORY

MEDICAL CONDITION: _____

MEDICATIONS:

1. _____
2. _____
3. _____
4. _____

POSSIBLE SIDE EFFECTS:

1. _____
2. _____
3. _____
4. _____

SPECIAL EQUIPMENT:

1. _____
2. _____
3. _____

PROVIDED BY GUARDIAN:

1. _____ YES _____ NO
2. _____ YES _____ NO
3. _____ YES _____ NO

PROCEDURES:

1. _____
2. _____
3. _____
4. _____

TRAINED STAFF:

1. _____
2. _____
3. _____
4. _____

ANY KNOWN ALLERGIES: _____

SPECIAL DIET NEEDED: _____

TRANSPORTATION MODIFICATIONS: _____

CLASSROOM MODIFICATIONS: _____

BRIEF MEDICAL HISTORY:

- 1. **DATE OF DIAGNOSIS:** _____
- 2. **HOSPITALIZATIONS:** _____

- 3. **OTHER:** _____

DOCUMENTATION OF PARTICIPATION

WE HAVE PARTICIPATED IN THE DEVELOPMENT OF THE HEALTH CARE PLAN AND AGREE WITH ITS CONTENTS.

SIGNATURES:

DATE:

(NURSE)

(PRINCIPAL)

(TEACHER)

PARENT AUTHORIZATION FOR SPECIAL HEALTH SERVICES

We (I), the undersigned who are the parents/guardians of _____, request and approve the attached Individualized Health Care Plan. We (I) understand that a qualified person(s) will be performing the health care service. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure which has been approved by the student's Health Care Team and Physician.

We (I) will notify the school immediately if the health status of _____ changes, we change physicians, or there is a change or cancellation of the procedure.

We (I) agree to provide the following, if any: medical equipment & supplies, medication, dietary supplements.

(Parent/Guardian Signature)

(Parent/Guardian Signature)

(Date)

(Date)