

Individual Health Plan

Today's Date: _____

Student's Name: _____ Grade: _____ Date of Birth: _____

Previous Health History: _____

Current Health Concern: _____

Possible symptoms that could be experienced by student: _____

Restrictions: _____

Illness Reference: _____

Medications: _____

EMERGENCY INFORMATION:

Parents: _____ Home Phone: _____

Mother's Work: _____ Father's Work: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Alternative Contact: _____ Phone: _____ Relationship _____

Requested order of contacts in the event of an emergency:

1. _____ 2. _____ 3. _____

Physician and Clinic (Include name and phone numbers): _____

Emergency Plan:

Situation: _____

Plan: 1. _____

2. _____

3. _____

I am aware that if my child has an emergency in school 911 will be called. I am also aware that this Individual Health Plan may be shared with all staff that will be potentially assisting my daughter with her health needs.

Parent Signature Date

Nurse Signature Date