



## Individual Health Care Plan

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School & Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ has a health condition which you, as the teacher need to be aware of. The description of this problem, as well as emergency care and individual considerations, are listed below:

**Medical Diagnosis/Condition:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Actions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Individual Considerations/Accommodations Needed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Parent / Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Physician or School Nurse Signature*

\_\_\_\_\_  
*Date*