Individualized Healthcare Plan

Identifying Information

Student Name: _____DOB:_____

Teacher/Grade: _____

Mother's Name: _____Phone#_____

Father's Name: _____Phone#_____

Physician

Physician: _____ Office #: _____

Physician Address: _____

Hospital of Choice: _____

Emergency Contact (in addition to or different from above)

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

Medical Overview

Circle Medical Condition(s):

Asthma **Food Allergy** **Environmental Allergy** (ex: bee stings) **Diabetes**

Cardiac **Seizure** **Other:_____**

This IHP is for one school year. I, the parent/guardian of _____ give consent to release the information contained in the IHP to all staff members who will care for my child or who may need to know this information to maintain my child's health and safety. I will notify the school nurse immediately if the health status changes, there is a change of physicians, or there is a change or discontinuation of medications or procedures. I agree to provide medical equipment, supplies, and medication as needed for the care of my child. By signing one time below, and initialing each needed page, I am in agreement with all instructions, treatments, procedures, medications, & action plans attached.

Parent/Guardian Signature/Date: _____

Parent/Guardian initials: _____

Cardiac Medical Management Plan

Student Name: _____DOB_____

Teacher/Grade: _____

Medications to be given at School (name/dose/route):

_____

Dates to be given: _____ Relevant Side Effects: _____

Medications taken at Home:

_____

Cardiac Condition: _____

Usual signs/symptoms child may demonstrate: _____

Normal BP parameters for student: _____

Normal Heart Rate parameters for student: _____

Physical Limitations while at school: _____

If student complains of chest pain, shortness of breath, and/or has vital signs outside acceptable parameters, school personnel should immediately (circle all that apply):

Call 911 Contact Parent/Guardian

Other_____

Physician Signature (required by law):_____Date_____

Parent/Guardian Signature: _____Date_____