

INDIVIDUAL HEALTH CARE PLAN

CONFIDENTIAL

Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

Health Information to Teachers:

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

Medical Diagnosis by a Healthcare Provider/Condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action:

\_\_\_\_\_  
\_\_\_\_\_

Individual Considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date