



Individual Health Plan Generic

Student Photo

Name: _____ Birth Date: _____

Condition:

Symptoms:

Health Care Provider to Complete

- No, this condition is not life threatening. No intervention is needed at this time.
- No, this condition is not life threatening. Accommodations needed (see below).
- Yes, this is a life threatening condition. A medication order and action plan is needed (see below for plan and complete attached medication form).

Action Plan: If sending student anywhere, send with an escort

Call 911 if:	Then do:

Further instructions from HCP: (*classroom, school bus, field trips, disaster etc.*)

Health Care Provider Signature:	Date:
Parent Signature:	Date:
School Nurse Signature:	Date:

Date Reviewed with Parent

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature