



## CONCUSSION Individual Health Plan

Student Name	DOB
School	Grade
School Year	Advisor

### MEDICAL INFORMATION

<b>History</b>	
<b>Special Precautions</b>	

### EMERGENCY INTERVENTION FOR CONCUSSION

What to watch for.	What to do.
Severe Symptoms	Immediate Response
	Call 911 Notify Parent Notify School Nurse Notify School Principal Do not leave student unattended

### Parent/Guardian Information

Parent/Guardian	Home Phone
Work Phone	Cell Phone
Parent/Guardian	Home Phone
Work Phone	Cell Phone

### SIGNATURES

Parent/Guardian	<input type="checkbox"/> Signature on File	Date
School Nurse	<input type="checkbox"/> Signature on File	Date

A copy of this plan will be kept in the school office and copies will be given to all appropriate school staff