



**CONDITION SPECIFIC
Individual Health Plan**

Student Name	DOB
School	Grade
School Year	Advisor

MEDICAL INFORMATION

Medical Condition	
History	
Special Precautions	

EMERGENCY INTERVENTION

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