



ENCOPRESIS / ENURESIS

Individual Health Plan

Student Name	DOB
School	Grade
School Year	Advisor

Current Medications	
Please enter relevant health history	

Special Precautions/Instruction (i.e. precipitating stressful events, fear or refusal to use the toilet, etc.)

SCHOOL INTERVENTION PLAN School Considerations - Check All That Apply

- Physician directed treatment regimen
- Toileting schedule - time of day during school day
- Family provided change of clothing & wipes
- Private bathroom privileges as needed
- System for initiating BR visit and clothing change following bowel accidents and/or fecal odor
- Monitor for signs and symptoms of constipation
- Encourage fluid intake during the school day
- Reinforce appropriate personal hygiene regime
- Student's ability for self-care

Additional Student Information:

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.