

General or Nonspecific Individualized Health Care Plan

This general health care plan can be used for students with none of the listed illnesses or diseases but need health care plan. An example would be a student with a heart condition. Another use of this health care plan would be a child with a debilitating disease but not life-threatening.

Student's Name _____ AGE _____ DOB _____ Grade _____

School _____

What is the condition or disease?

How can this affect learning?

How does this affect the student in school (example: faint in school)?

What are the medications or treatments needed at school?

What care is necessary for the student while the student is in school or attending school-related activities?

What problems or emergencies can arise?

What is to be done by the school?

What is the student's responsibility?

List the name of the school contact (school nurse/health services coordinator) _____.

All staff, as appropriate, will receive an in-service.

Parent _____ Teacher _____

Principal _____ Health Services _____

If appropriate, Student _____ Coach _____

Before/After Program Coordinator _____ Date _____

Physician _____ Date _____