



Individual Health Plan (IHP) – CONFIDENTIAL

Health Issue: _____

Student Information:

(Please Print)

Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Medical History:

Diagnosis: _____

Allergies: _____

Please list the precautions related to your child's health issue:

Medical interventions that you (the parent/guardian) feel would be required at school: *Other than receiving medications*

I have reviewed and agree with this plan of care. I understand that it is my responsibility to keep this information current.

Please notify the School Nurse and provide and updated/current form on at least an annual basis.

Parent/Guardian Signature: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____

Reviewed by District Registered Nurse: _____ **Date:** _____

_____ **Medication at school**

_____ **Required Equipment at school**