

# INDIVIDUAL HEALTH CARE PLAN

STUDENT'S NAME: \_\_\_\_\_ DOB. \_\_\_\_\_

## MEDICAL HISTORY/OVERVIEW

MEDICAL CONDITION

ALLERGY(S): \_\_\_\_\_  
 ASTHMA: \_\_\_\_\_  
 DIABETES: \_\_\_\_\_  
 SEIZURES: \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 \_\_\_\_\_

ALLERGY-EMRGENCY ACTION PLAN COMPLETED BY PHYSICIAN AND PARENT \_\_\_\_\_  
 ASTHMA ACTION PLAN COMPLETED \_\_\_\_\_  
 OTHER EMERGENCY PLAN COMPLETED \_\_\_\_\_  
 BRIEFHISTORY/TRIGGERS \_\_\_\_\_  
 \_\_\_\_\_

SOCIAL/EMOTIONAL CONCERNS \_\_\_\_\_  
 \_\_\_\_\_

ACADEMIC CONCERNS \_\_\_\_\_  
 \_\_\_\_\_

## HEALTH CARE ATION PLAN

NURSING DIAGNOSIS/GOALS

Date	Health Problem/Nursing Dx	Student Goals	Intervention #	Eval date

1. MEDICATIONS \* Attach " Authorization to Administer Medications in School"

Medication	Dose	Route	Frequency/Time	*Admin in school

Location of medication(s): in health office \_\_\_\_\_ with student \_\_\_\_\_ other \_\_\_\_\_

2. PROCEDURES / INTERVENTIONS attach physician's order PRN

Procedure	Frequency/Time	Administered by

3.STUDENT TRAINING

PROCEDURE	TRAINED BY	RETURN DEMO

4.DIET /RESTRICTIONS

PEANUT/NUT FREE TABLE \_\_\_\_\_ REGULAR LUNCH TABLE \_\_\_\_\_  
 PARENT/GUARDIAN TO BRING IN "SAFE SNACKS" \_\_\_\_\_

5.ACTIVITY RESRTICTIONS

6.CLASS ROOM /SCHOOL MODIFICATIONS

7.SAFETY MEASURES

8.PLAN FOR FIELD TRIPS

EQUIPMENT/SUPPLIES

EQUIPMENT/SUPPLIES	PROVIDED BY	MAINTAINED BY

TRAINED STAFF When nurse is not available

\_\_\_\_\_ Room \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT INFORMATION:**

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
 FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
 OTHER CONTACT/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PHYSICIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 SPECIALIST/ALLERGIST: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 INSURANCE CO.: \_\_\_\_\_ POLICY/ID # \_\_\_\_\_

**PARTICAIPATION**

We have participated in the development of the Health Care Plan for \_\_\_\_\_  
 and agree with its contents.

Signature/Title	Date-Review	Date/Initials