| **Student Name:**  | **Birth Date** | **School Grade** | **Student #** |
| --- | --- | --- | --- |
| **Parent/Guardian**: | **Name & Phone #** |
| **Parent/Guardian**: | **Name & Phone #** |
| **Healthcare Provider** | **Primary Care Provider & Phone #**  |
| **Healthcare Provider** | **Specialist & Phone #**  |
| **Preferred Hospital:** | **Preferred Hospital** |
| **Emergency Contact:** | **Name, Relationship & Phone #** |
| **CURRENT HEALTH ISSUES** |       |
| **PERTINENT HEALTH HISTORY** |       |
| **CURRENT MEDICATIONS:** | **AT HOME:**      **AT SCHOOL:**       |
| **ALLERGIES:** |       |
| **RESTRICTIONS:** | relevant activity/diet |
| **CURRENT MEDICATIONS:** | **AT HOME**       |
|  | **AT SCHOOL:**       |
| **HEALTH CONCERN(S):** |  |
| **Concern:**       | **Goal:**      **Action:** *
 |
| **Concern:**       | **Goal:**      **Action:** *
 |
| **Concern:**       | **Goal:**      **Action:** *
 |
| **EMERGENCY ACTION PLAN** | Shelter in placeEvacuation plan |
| **Personal Care Services/ Medically Necessary Services** *(repeat segment if more than one service)* **ICD-10 Code:**  **Specific task:** *example: feeding, cath, diaper change* **Scope:** *What is the related service that is needed for the student?* **Duration:** *How long does the service take? (minutes or hours/per instance)* **Frequency:** *How many times does it need to be done per day? (number times per day or as needed)*This service is medically necessary through the following dates, not to exceed one year. **Start Date**:       **End Date*:***       |
| I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and equipment devices. I approve this Individualized Healthcare Plan for my child.  |
|  |  |  |
| parent/guardian date |  | school nurse date |
|  |  |  |
| health care provider date |  | administrator date |
|  |  |  |
| student (optional) date |  |  |