

# Individual Health Care Plan

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Health Information to Teacher:

\_\_\_\_\_ has a health condition which you as his teacher need to be aware of. The description of this problem, as well as emergency care and individual considerations, are listed below:

**Medical Diagnosis/Condition:** \_\_\_\_\_

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**Actions:** \_\_\_\_\_

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**Individual Considerations/Accommodations Needed:** \_\_\_\_\_

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\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*Physician or School Nurse Signature*

\_\_\_\_\_  
**Date**