



## INDIVIDUAL HEALTH CARE PLAN

**CONFIDENTIAL**

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Student \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date \_\_\_\_\_

Health Information to Teachers:

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

Physician seen/Therapy received by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individual Considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Physician Signature Date