STUDENT INFORMATION Student:	Individualized Healthcare Plan/Emergency Care Plan				School Y	'ear:	Picture		
Student: DOB: Grade: School: Parent: Phone: Email: Phone: Email:									
Parent:									
Physician: School Nurse: School Phone: Fax or email: School Nurse: School Phone: School Nurse (Specify): Parent: Complete the above section, read and sign below, obtain signature from Health Care Provider, and return to school nurse. No accommodations can be made until signed IHP/EAP healthcare provider to share return to school nurse or the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment. Parent Signature: Date: Dat				Grade:					
Baseline Status: (Healthy? Decreased Immunity?) Allergy/Anaphylaxis to: Asthma Diabetes Decreased Immunity?)									
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Baseline Status: (Healthy? Decreased Immunity?) Allergy/Anaphylaxis to:		Schoo	School Phone:		Fax or e	Fax or email:			
□ Allergy/Anaphylaxis to: □ Asthma □ Diabetes □ Seizures □ Other (specify): □ Asthma □ Diabetes □ Seizures □ Other (specify): □ Asthma □ Diabetes □ Seizures □ Other (specify): □ Asthma □ Diabetes □ Seizures □ Other (specify): □ Asthma □ Diabetes □ Seizures □ Other (specify): □ As parent/Suardian of the above section, read and sign below, obtain signature from Health Care Provider, and return to school nurse. No accommodations can be made until signed IHP/EAP, medication order, or IEP/Section SQ4 Plan are on file with the school. As parent/guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment. ■ Call Standard Plan If you see this □ Do This ■ Call 911 □ Call 911 □ Transport to: □ Call parent or emergency contact □ Tiredness □ Do This ■ Call parent or emergency medications □ Sleeping, difficult to arouse □ Regular breathing □ Other (specify): ■ Percial Considerations □ Other (specify): ■ SPECIAL CONSIDERATIONS Special Health Care Needs: (Problems we need to deal with at school: Feedings? Oxygen? Respiratory problems?) Special Considerations and precautions: Transportation-Special care required? □ No □ Yes, please specify: ■ Route □ Time □ Side Effects Medication □ Taken at Home or Dose □ Route □ Time □ Side Effects Route □ Time □ Side Effects Side Effects □ School? □ School Nurse □ School Staff (Specify):	BRIEF MEDICAL HISTORY								
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SCHOOL NURSE Individualized Healthears Plan (Emergency Care Plan (this form) distributed to 'mood to know' stoffs									
Individualized Healthcare Plan/Emergency Care Plan (this form) distributed to 'need to know' staff: □Front office/admin □ Teacher(s) □ Transportation □ Other (specify):									
School Nurse Signature: Date:									

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