

<b>Individualized healthcare plan/emergency action plan</b>			School year:	Picture
<b>Student information</b>				
Student name:	Date of birth:	Grade:	School:	
Parent name:	Phone:	Email:		
Physician name:	Phone:	Fax or email:		
School nurse name:	School phone:	Fax or email:		
<b>Brief medical history</b>				
Medical History:				
Baseline status (healthy? decreased immunity?):				
<input type="checkbox"/> Allergy/anaphylaxis to: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other (specify):				
<b>Parent or guardian:</b> complete the above section and sign below. Get a signature from your child's healthcare provider and return this form to the school nurse. No accommodations can be made until signed this form and medication order (if applicable) are on file with the school.				
As parent/guardian of this student, I give permission for my student'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 my responsibility to notify the school nurse of any change in my student's health status or medication order. I understand it is my responsibility to maintain necessary supplies, medications, and equipment.				
Parent signature:			Date:	
<b>Emergency action plan</b>				
<b>If you see this</b>		<b>Do this</b>		
<b>Emergency protocol</b>		<b>Expected behavior after event</b>	<b>Follow up</b>	
<input type="checkbox"/> Call 911 <input type="checkbox"/> Transport to: <input type="checkbox"/> Call parent or emergency contact <input type="checkbox"/> Administer emergency medications <input type="checkbox"/> Other (specify):		<input type="checkbox"/> Tiredness <input type="checkbox"/> Weakness <input type="checkbox"/> Sleeping, difficult to arouse <input type="checkbox"/> Regular breathing <input type="checkbox"/> Other (specify):	Document Call school nurse Other:	
<b>Special considerations</b>				
Special healthcare needs (problems we need to deal with at school: feedings? oxygen? respiratory problems?):				
Special considerations and precautions:				
Transportation-special care required? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:				

Student:	DOB:	Grade:
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**Emergency or rescue medications**

**This form alone is NOT a valid medication authorization  
(separate medication authorization form is required)**

Person to give rescue medication:  School nurse  Parent  EMS  Volunteer(s)  
(Specify): \_\_\_\_\_

Medication	Dose	Route	Time	Side effects

Location of rescue medication: \_\_\_\_\_

**Routine medications (see above statement)**

Person to give routine medication at school:  School nurse  School staff (Specify): \_\_\_\_\_

Medication	Taken at home or school?	Dose	Route	Time	Side effects

Location of routine medication: \_\_\_\_\_

**School nurse**

Individualized healthcare plan/emergency action 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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Addendum: