



Individual Health Care Plan-General

Photo here

Student: _____ Student's weight: _____ Date: _____

Teacher: _____ Grade: _____ School: _____

Home phone: _____

Medical Diagnosis & Brief Medical History:

Medications/Dose: _____

If you should see this:

Do this:

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Physical Education Adaptations: _____

Transportation Adaptations: _____

Food Service Adaptations: _____

Emergency Contacts (Please provide an English speaking adult):

Parent/Guardian: _____ Home phone: _____ Cell phone: _____ Work: _____

Name/Relationship: _____ Home phone: _____ Cell phone: _____ Work: _____

Name/Relationship: _____ Home phone: _____ Cell phone: _____ Work: _____

Parent/Guardian signature

Date

Copy to: Teacher (emergency & sub folder); Health Clerk; School Evacuation Kit; Cafeteria; Bus Driver; Parent