



# 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**