



Emergency Individual Health Care Plan

Diagnosed Condition:

School Year

Student legal last name

First name

MI

Birth date

School

Grade

Other ID#

Transportation:

Walker

Self Transported

Bus Rider

Bus Route Number

Parent/Guardian Information

Parent/Guardian

Primary phone

-

-

Work phone

-

-

Cell phone

-

-

Parent/Guardian

Primary phone

-

-

Work Phone

-

-

Cell phone

-

-

Healthcare Provider and Hospital Information

Healthcare Provider Name

Phone

-

-

Preferred Hospital

Phone

-

-

Medical Information

Current Medications

History

Allergies

Special Precautions

Medication Orders

(To be completed by your healthcare provider)

Medication Name

Dose

When

No medication(s) at school needed.

-

-

-

-

Healthcare Provider Name *(Printed)*

Phone

Fax

Healthcare Provider Signature

Date

Emergency Intervention

Moderate Symptoms

Immediate Response

Severe Symptoms

Immediate Response

Call 911
Notify Parent/Guardian
Notify School Nurse
Notify School Principal
Do not leave the student unattended

Individual Instructions:

Emergency Contacts

	-	-	
<i>Name</i>	<i>Phone</i>		<i>Relationship</i>
	-	-	
<i>Name</i>	<i>Phone</i>		<i>Relationship</i>
	-	-	
<i>Name</i>	<i>Phone</i>		<i>Relationship</i>

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____

Healthcare Provider Signature _____ Date _____

A copy of this plan will be kept in the school health room and the information will be shared with others who will need to know to maintain the child's health and safety.

CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING