

INDIVIDUALIZED HEALTHCARE PLAN FOR PROGRAM / SCHOOL

This confidential form is to be completed by your child's physician. If you provide the school with an Emergency Information Form for Children With Special Needs form (see Emergency section), complete the bottom section to let school or program personnel know who has access to that form at the school in case of an emergency.

I affirm that _____, _____ has a health condition of which you

Child's Name

Date of Birth

as his / her teacher need to be aware. The description of this problem, as well as emergency care and individual considerations, is stated below. Keep this information so it is available to substitute teachers.

Please feel free to contact me if you have any questions.

Name / Degree

Position

Date

MEDICAL DIAGNOSIS / CONDITION:

SIGNS / SYMPTOMS:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

SUGGESTED ACTION:

INDIVIDUAL CONSIDERATION TO BE GIVEN TO CHILD:

Parent / guardian: _____

Home: _____

Work: _____

Physician: _____

Phone: _____

Hospital: _____

Other contact person: _____

Relationship: _____

Phone: _____

The Emergency Information Form for Children With Special Needs form (medical information to give to the ambulance emergency medical personnel) is held by:

Name

Position

Location / telephone number

If this person **IS NOT** available please contact:

Name

Position

Location / telephone number