



Individual Healthcare Plan CONFIDENTIAL

Date: _____

Student Name: _____ Date of Birth: _____

Health Information to Teachers:

_____ has a health condition of which you as his/her teacher need to be aware. The description of this problem, as well as emergency care and individual considerations, are stated below:

Medical Diagnosis/Condition: _____

Action: _____

Individual Considerations: _____

Parent Name (Please Print)

Parent Signature

Date

Physician Name (Please Print)

Physician Signature

Date