

### Individual Health Plan (IHP)

According to Washington State Law (RCW 28A.210.320) the attendance of every child shall be conditioned upon the presentation before or on the child's first day of attendance a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at school. Once such an order has been presented, the child shall be allowed to attend school. Contact school if you have questions.



Student Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Year: \_\_\_\_\_  
 Teacher: \_\_\_\_\_

Other ID: \_\_\_\_\_ Walker  Bus Rider  Bus Number: \_\_\_\_\_  
 Bus Driver: \_\_\_\_\_ Bus Route: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Guardian 1: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Guardian 2: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 Medication at Home: \_\_\_\_\_ Medication at School: \_\_\_\_\_

<b>HEALTH CONCERN: (Enter Diagnosis)</b>	
Relevant History (associated diagnoses, treatment, etc.)	
Special Precautions/Instructions	
<b>SCHOOL INTERVENTION PLAN</b>	
<b>School Considerations</b>	<b>Student Plan</b>
<b>Related Health Concerns</b>	

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse RN: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of the health plan will be kept in the health room and will be available to current staff in Skyward.

It is the teacher's responsibility to communicate medical concerns to their subs by placing a copy of each health plan in their sub file.