



ROGERSVILLE CITY SCHOOL INDIVIDUAL HEALTH PLAN (IHP)

Student Name _____ Date _____

School _____ Grade _____ Teacher _____

Medical Diagnosis/Condition: _____

Physicians Orders: (medication, special diet, activity restrictions, etc.) _____

Medication permission form on file in student's records _____

Individual Plan of Care: _____

Parent/Guardian _____ Home Phone _____ Work Phone _____

Physician _____ Phone _____

Other Contact Person _____ Relationship _____ Phone _____

Nurse