

**COMPREHENSIVE HEALTH CARE PLAN**

**Date:**

**Student Name:**

**Parent/Guardian: Address:**

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Care Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Specialty Physician(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**School health procedures will be performed by the following school staff members:**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Student Specific Training Needs:**

## **HEALTH CARE PLAN**

### **General Staff Training Needs:**

- 1.
- 2.
- 3
- 4.

### **Special Transportation Needs:**

### **Special Supplies and/or Equipment Needs:**

- 1..
- 2.
- 3.
- 4.
5. .

### **Issue #1:**

### **Precautions:**

### **Procedure:**

- 1.
- 2.
- 4.

### **Issue #2:**

**Precautions:**

**Procedure:**

1.

**Issue #3:**

**Precautions:**

**Procedure:**

1.

2.

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Effective Dates of Health Care Plan:** \_\_\_\_\_ - \_\_\_\_\_