

School Year _____

(photo here)

General Health Care Plan

Student Name: _____ DOB: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

Describe Health Concern/Diagnosis: (Please give a brief medical history if relevant.)

Allergies:

Medications: (Please note if medication is taken at home or at school)

- 1.
- 2.
- 3.

Dietary concerns or restrictions:

Transportation issues:

Comments/Special instructions:

Emotional/Behavioral concerns:

Student Specific emergency procedure

If you see this....	Do this....

Contact Information

Parent/Guardian name: _____

Contact phone number(s): _____

Other emergency contact information will be taken from Powerschool.

Health Care Provider name: _____

Health Care Provider contact number(s): _____

Specialist(s): _____

Parent/Guardian signature: _____ Date: _____

Health Care Provider signature: _____ Date: _____

Copies of form given to: parent, teacher(s), PE, library, music, transportation, lunch aid(s), other _____

(Please circle and/or list those who were given a copy of the health care plan)