

Cedar Grove Belgium School District Health Action Plan

Student Name _____

Birthdate _____ Grade _____ Teacher/HR _____

Health Action Plan for _____

If you see this...

Do this...

This plan will be used in case of emergency; it will accompany student off school property. This information may be shared with the classroom teacher(s), administrators, aides, and other appropriate school personnel with a need to know.

Parent/Guardian Signature: _____ Date _____

School Nurse: _____ Date _____

Health Care Provider Signature: _____ Date _____