

INDIVIDUAL HEALTH ACTION PLAN

Elkhart Lake-Glenbeulah School District

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 students 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 _____

FAX: Elementary/Middle School 920-920-876-3105, High School (920) 876-3511