



**Richland School District Two
 School Health Services
 Parent/ Guardian IHP Declination Statement (Mar. 2019)**

Please complete and return this form to the following:

School Nurse's Name and Address:	Phone:
	Fax:

Student's name: _____ Date of birth: _____

I have received information about the benefits of having the school nurse develop an individual health care plan (IHP) for my child. At this time I do not wish to have an IHP written for my child.

I understand that

- An IHP helps to make sure that there are plans in place for meeting my child's health needs at school.
- Health services will be provided according to the medical orders submitted by my child's health care practitioner as allowed by the school district's policies, except that an IHP is required for self-administering medications and using self-monitoring devices at school. If I decline the IHP, my child will not be allowed to self-medicate or use self-monitoring devices without supervision by a school employee.

I will let the school nurse know if I decide that my child needs a written plan.

Parent's/Guardian's Signature:	Date:
Parent/Guardian Name <i>(please print)</i> :	Phone Number: