



Richland School District Two
Be sure that the letterhead includes your school's address, fax number, and phone number.

To: _____

Date: _____

Re: IHP for [student's name]: _____

Section 59-63-80 (Supp. 2005) of the South Carolina Code of Laws requires that schools develop individual health care plans (IHPs) for students who have special health care needs that must be met during the school day or at school-sponsored functions. Section 59-63-80 also requires schools to seek input and approval from the student's health care provider when developing the IHP.

We value you as a partner in our efforts to keep students healthy and ready to learn. Accompanying this letter is an IHP developed for your patient (our student) referenced above.

(Please respond based on the paragraph selected below.)

Thank you for sending a treatment plan or medical orders for school care. We have incorporated the treatment plan or medical orders into the attached IHP and are submitting it for your review. No response is necessary unless you have questions and/or would like to request changes.

Please review the IHP, complete the IHP health care provider response form on the second sheet of this letter, and return it to us as soon as possible. Pending your response, we will implement the necessary interventions to keep the student safe at school. We understand that review of the IHP may take some time. In the meantime, we would appreciate an acknowledgment that you have received this letter and the IHP. For your convenience we have included the status box below. Please mark the appropriate statement in the status box and send a copy of this sheet to us by fax or by regular mail.

Note: The information included with this correspondence is considered privileged and confidential information. If the student referenced above is no longer your patient, please shred the IHP and indicate this in the status box.

If you have questions about the IHP, please don't hesitate to contact me. Thank you in advance for your assistance.

Sincerely,

Signature of school nurse

Name of school nurse (*please print*)

STATUS BOX

- I will review the IHP as soon as possible and will send a response to you.
- I have shredded the IHP that accompanied this correspondence. The above-named student is no longer my patient.

Signature

Date