



NIXA SCHOOL DISTRICT HEALTH SERVICES

Instructions for Health Care Procedures Authorized by Student's IEP, 504 plan or IHP

Name _____ Date _____

Date of birth _____ Grade _____ Teacher _____ School _____

Diagnosis _____

Procedure _____

To be performed by _____

Alternate _____

Frequency _____

Time(s) _____

Position of student _____

Ability of student to assist/perform procedure _____

Equipment

Storage _____

Checked _____

Maintenance _____

Student Specific Techniques

Special Considerations and Precautions

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 08/31/2010

Rev. 06/10/2015