

# Individual Healthcare Plan

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Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

**Health Information to Teacher:**

\_\_\_\_\_ has a health condition which you as his teacher need to be aware of. The description of this problem, as well as emergency care and individual considerations, are listed below:

**Medical Diagnosis/Condition:**

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**Actions:**

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**Individual Considerations/Accommodations needed:**

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician or School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_