

## General or Nonspecific Individualized Health Care Plan

This general health care plan can be used for students with none of the listed illnesses or diseases but need a health care plan. An example would be a student with a heart condition. Another use of this health care plan would be a child with a debilitating disease but not life-threatening.

Student's Name \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

What is the condition or disease?

How can this affect learning?

How does this affect the student in school (example: faint in school)?

What are the medications or treatments needed at school?

What care is necessary for the student while the student is in school or attending school-related activities?

What problems or emergencies can arise?

What is to be done by the school?

What is the student's responsibility?

List the name of the school contact (school nurse/health services coordinator) \_\_\_\_\_.

All staff, as appropriate, will receive an in-service.

Parent \_\_\_\_\_ Teacher \_\_\_\_\_

Principal \_\_\_\_\_ Health Services \_\_\_\_\_

If appropriate, Student \_\_\_\_\_ Coach \_\_\_\_\_

Before/After Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Date \_\_\_\_\_