


## INDIVIDUAL CARE PLAN (IHP)

	Student Name: _____  DOB: _____ Grade: _____  School: _____ Year: _____  Teacher: _____ OTHER ID: _____
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TRANSPORTATION:      WALKER       BUS RIDER       BUS NUMBER: \_\_\_\_\_  
 BUS DRIVER: \_\_\_\_\_      BUS ROUTE: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_      HOME PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 GUARDIAN 1: \_\_\_\_\_      CELL PHONE: \_\_\_\_\_  
 GUARDIAN 2: \_\_\_\_\_      CELL PHONE: \_\_\_\_\_  
 PHYSICIAN: \_\_\_\_\_      PHONE: \_\_\_\_\_  
 PREFERRED HOSPITAL: \_\_\_\_\_      ALLERGIES: \_\_\_\_\_  
 CURRENT MEDICATION: \_\_\_\_\_      RESCUE MAINTENANCE: \_\_\_\_\_  
 \_\_\_\_\_

<b>HEALTH CONCERN: (ENTER DIAGNOSIS)</b>		
RELEVANT HISTORY (ASSOCIATED DIAGNOSES, TREATMENT, ETC.)		
SPECIAL PRECAUTIONS / INSTRUCTIONS		
<b>SCHOOL INTERVENTION PLAN</b>		
SCHOOL CONSIDERATIONS	STUDENT PLAN	INITIALS
RELATED HEALTH CONCERNS		
PARENT: _____ DATE: _____ SCHOOL NURSE LPN: _____ DATE: _____ SCHOOL NURSE RN: _____ DATE: _____		
A COPY OF THIS PLAN WILL BE KEPT IN THE SCHOOL OFFICE AND COPIES WILL BE GIVEN TO:		
<input type="checkbox"/> PARA PRO	<input type="checkbox"/> TRANSPORT	<input type="checkbox"/> TEACHER
<input type="checkbox"/> PE	<input type="checkbox"/> STUDENT SUPPORT	<input type="checkbox"/> HEALTH ROOM
<input type="checkbox"/> OTHER:		<input type="checkbox"/> SEC-PRINCIPAL