

Individual Health Plan

School: Glencoe-Silver Lake McLeod West Lester Prairie
 Hutchinson Winsted/Howard Lake/Waverly NCCS NDMS

Student: _____ Date of Birth/Age: _____ Grade _____

Person to contact:	Relationship:	Work Phone:	Home Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
Family Physicians:	Clinic:	Phone:	
_____	_____	_____	
_____	_____	_____	
Hospital:	Phone:	Health Insurance: ____Yes ____No	
_____	_____		

Special Health Concerns (including interventions):

Please list any medications your child is taking at home:

Name of Medication	Amount Taken	How Taken	How Often
_____	_____	_____	_____

Please list any medications your child is taking at school:

Name of Medication	Amount Taken	How Taken	How Often
_____	_____	_____	_____
_____	_____	_____	_____

Nursing Diagnosis

Goal

Plan

1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____

Plan initiated:

Date/Grade:

Signature:

Plan reviewed/updated:

Date/Grade:

Signature:

Date:

Copy Given To:

Parent/Guardian Signature

Date