



School Year \_\_\_\_\_ INDIVIDUAL ACTION PLAN

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Grad Year \_\_\_\_\_

School \_\_\_\_\_ Teacher/HR \_\_\_\_\_

**PARENT / GUARDIAN EMERGENCY CONTACT INFORMATION:**

Please provide phone numbers in order of where we can reach you during the school day in case of emergency.

Phone 1. _____	H/C/W _____	Name/Relationship _____
Phone 2. _____	H/C/W _____	Name/Relationship _____
Phone 3. _____	H/C/W _____	Name/Relationship _____
Phone 4. _____	H/C/W _____	Name/Relationship _____
Email for Health Plan updates: _____		

Condition: _____
(Please Provide Description)

Physician student sees for Condition \_\_\_\_\_ Phone \_\_\_\_\_

Receiving Medical Treatment: Yes\_\_\_\_ No\_\_\_\_

Medications given at home for this condition (name, dose, frequency)  
\_\_\_\_\_  
\_\_\_\_\_

Medications given at school for this condition (name, dose, frequency)  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Parents are responsible for providing medication in original container to be given at school. Complete a [Medication Authorization Form](#) signed annually by a parent and health care provider.

Likelihood and Frequency of Exacerbation During School Hours -Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe First Aid Procedures (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please List Any Other Chronic Health Problems: \_\_\_\_\_  
\_\_\_\_\_

Student Name \_\_\_\_\_

Please specify any special accommodations or concerns related to your child's health condition while at school and describe them briefly: (i.e., dietary, educational, behavior, seating, etc.)

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**Physical Education and Classroom Precautions**

(Activity restrictions specified by health care provider need to be in writing and signed)

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Dietary Precautions: \_\_\_\_\_

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Sport Precautions: \_\_\_\_\_

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Recess Precautions: \_\_\_\_\_

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Special Considerations for Field Trips: \_\_\_\_\_

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Other relevant information related to the health condition or student's health history:

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This plan and medication will be used in case of emergency and accompany student off school property. This information may be shared with the classroom teacher(s), administrators, aides, bus driver, and other appropriate school personnel with a need to know.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

School Nurse: \_\_\_\_\_