

# Individual Care Plan (IHP)

Student Picture



Student Name: _____	
DOB: _____	Grade: _____
School: _____	Year: _____
Teacher: _____	

Other ID: \_\_\_\_\_ Walker  Bus Rider  Bus Number: \_\_\_\_\_  
 Bus Driver: \_\_\_\_\_ Bus Route: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian 1: Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian 2: Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Allergies: \_\_\_\_\_

Current Medication: \_\_\_\_\_ Rescue and Maintenance: \_\_\_\_\_

**HEALTH CONCERN: (Enter Diagnosis)**

Relevant History (associated diagnoses, treatment etc.)	
Special Precautions/Instructions	

**SCHOOL INTERVENTION PLAN**

School Considerations	Student Plan	Initials
<b>Related Health Concerns</b>		

Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Nurse RN: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this plan will be kept in the school office and copies will be given to:

Para Pro	Trans	Teacher	PE	Student Services	Health Room	Other: _____	Sec- Principal
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