

ENCOPRESIS INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2022-2023

Name:	DOB:	Date:	
School:	Grade/Teacher:		
HEALTH CONCERN – Encopresis: A condition where a child has a bowel movement or leak a small amount of stool in their underclothes or on themselves.			

HEALTH ACTION PLAN

FAMILY RESPONSIBILITY:

1. Provide student with a change of clothing, including socks and wipes. These may be kept in the student’s backpack, cubby, or health room.
2. Notify school if toileting program is in place.

CONSIDERATIONS:

1. Allow for unlimited fluids.
2. Allow student to use bathroom as needed – or assist student in a toileting schedule.
3. May use private bathroom in the health room.
4. Do not restrict from P.E. or recess, as physical activity is an important component in healthy habits.

Licensed Health Care Provider’s signature: _____	Date:	Phone:	
<small>Signature authorizes medication for length of school year</small>	School year:	Fax:	
I accept this Individual Health Plan. My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this order.			
Parent/Guardian signature: _____	Date:	Phone:	

INDIVIDUAL CONSIDERATIONS

Parent:

- If student attends extended day/childcare, clubs before & after school, evening and summer activities, parent will notify the program director of their child’s medication and health care needs.
- Provide extra changes of clothing and supplies

Classroom: Teacher to inform substitute teachers of the student’s Individual Health Plan

Field Trip Procedures: Extra clothing will accompany student during any off-campus activity

Transportation: Bus-Transportation will be informed of the student’s Individual Health Plan

Other: RN will notify teachers, specialists, recess staff, and other staff of student’s IHP

School Nurse:	Email:	Phone: 425-456-	
		Fax: 425-456-	