

ENCOPRESIS INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2020-2021

Name: _____	DOB: _____	Date: _____	
School: _____	Grade/Teacher: _____		
HEALTH CONCERN – Encopresis: A condition where a child has a bowel movements 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: _____ <small>Signature authorizes medication for length of school year</small>	Date: _____	Phone: _____	
	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 medication 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: _____, RN	Email: _____@bsd405.org	Phone: 425-456-_____
		Fax: 425-456-_____

Updated 4/2020