

INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2019-2020

Name:	DOB:	Date:	
School:	Grade/Teacher:		
HEALTH CONCERN & DESCRIPTION:			

HEALTH ACTION PLAN

Licensed Health Care Provider's signature:	Date:	Phone:	
Signature authorizes medication for length of school year		Fax:	
Parent/Guardian signature:	Date:	Phone:	

INDIVIDUAL CONSIDERATIONS:

Classroom:

- Teacher to inform substitute teachers of the student's Individual Health Plan

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

Field Trip Procedures: Medication and IHP will accompany student during any off campus activity

Recess: Recess staff will be informed of the student's Individual Health Plan

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.

Other:

- RN will notify teachers, specialists, and other staff of student's IHP
- If appropriate, please refer to student's confidential or green folder for 504 eligibility information.

School Nurse:	Email: @bsd405.org	Phone:	425-456-
		Fax:	425-456-