

INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2022-2023

Name:	DOB:	Date:	
School:	Grade/Teacher:		
HEALTH CONCERN –			

HEALTH ACTION PLAN

- At risk for falls – no stair use. Student should use the elevator.
- Allow for flexibility with seating options – chair vs. sitting on the floor.
- Allow for use of scooter
- Student to self-limit activity.

AT RISK FOR ILLNESS:

- Notify family of an increase in illness pattern in his classroom.
- Immediately notify family of any known case(s) of chickenpox, shingles, or measles

Current Medications:	Side Effects:

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. <i>My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this order.</i>		
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.

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

Field Trip Procedures: Medication and IHP 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-
, RN	@bsd405.org	Fax:	425-456-