

_____ INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2020-2021

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

EMERGENCY CARE PLAN: To promote student’s independence, motor function, and overall health.

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:
1.	1.
2.	2.
3.	3.

Licensed Health Care Provider’s signature: _____ <small>Signature authorizes medication for length of school year</small>	Date: _____	Phone: _____
	School year: _____	Fax: _____
<p>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.</p>		
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: _____, RN	Email: _____@bsd405.org	Phone: 425-456-_____	
		Fax: 425-456-_____	