

## Individualized Health Care Plan Checklist

### I. STUDENT INFORMATION

Name	Birthdate
Parent/Guardian	Address
Mother Home ( )                      Work ( )	Father Home ( )                      Work ( )
School	Grade

### II. ACTIVITIES COMPLETED

<input type="checkbox"/> Parent/guardian consultation	Date _____
<input type="checkbox"/> Health Care Assessment	Date _____
<input type="checkbox"/> Health Care Plan Meetings	Date _____ Date _____ Date _____
<input type="checkbox"/> Educational Planning (i.e., IEP or Section 504)	Date _____ Date _____ Date _____

### III. DOCUMENTATION COMPLETED

<input type="checkbox"/> Referral	Date _____
<input type="checkbox"/> Physician's Order/Authorization	Date _____
<input type="checkbox"/> Medication/Treatment Record	Date _____
<input type="checkbox"/> Individualized Health Care Plan	Date _____
<input type="checkbox"/> Anticipated Health Crisis Plan	Date _____
<input type="checkbox"/> Personnel Training Plan	Date _____
<input type="checkbox"/> Transportation Plan	Date _____
<input type="checkbox"/> Student's special health care needs limited to medication only.	

### TO BE COMPLETED BY HEALTH CARE COORDINATOR/PROVIDER

Signature	Title
-----------	-------

# Anticipated Health Crisis

(Note: This should always be attached to the Individualized Health Care Plan)

Student's Name	Date
Physician	Phone
Medical Diagnosis	Preferred Hospital

## STUDENT SPECIFIC CRISIS

IF YOU SEE THIS	DO THIS

## IF AN EMERGENCY OCCURS

1. If the emergency is life-threatening, immediately call 911.
2. Stay with the student or designate another adult to do so.
3. Call or designate someone to call the principal and/or health care provider.
  - a. State who you are
  - b. State where you are
  - c. State problem
4. If the nurse is unavailable, the following staff members are trained to deal with this anticipated health crisis and to initiate the appropriate procedures:

---

---

---

---