



Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**To be completed by Parent/Legal Guardian:**

Health Condition/Diagnosis: \_\_\_\_\_ When was diagnosis made? \_\_\_\_\_

List/Describe Symptoms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Daily Care Needs and Plan**

Please indicate if any of the following is needed for your child during the school day and describe. *(Check all that apply)*

*\*Requires authorization from healthcare provider. Forms available upon request*

Yes  No Activity modifications/restrictions\* List: \_\_\_\_\_

Yes  No Assistive Devices List: \_\_\_\_\_

Yes  No Diet modifications/restrictions\* List: \_\_\_\_\_

Yes  No Medication Administration\* List: \_\_\_\_\_

Yes  No Medical Procedure\* List: \_\_\_\_\_

Please use the space below to list additional concerns and/or provide additional information needed by school staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No See Additional Condition Specific Form attached



**Emergency Evacuation Plan**

\_\_\_Yes \_\_\_No Requires individualized emergency evacuation plan. If yes, complete below with case manager/school nurse.

The Evacuation Plan is to be building specific. If the student moves to a different location (i.e. school or room on campus), the Safety Plan is to be revised to reflect the new placement.

Persons responsible for student evacuation:

Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

**Procedure for Evacuation**

Evacuation procedure if student is not able to walk or be taken out of his/her own wheelchair OR student is not located on ground floor: \_\_\_\_\_

Location of Evacuation Exit(s): \_\_\_\_\_

Location of designated waiting area(s) outside of building: \_\_\_\_\_

\*\*List equipment to be kept at waiting area or transported with student (e.g. window evacuation sign, flashlight, medical equipment): \_\_\_\_\_

**Procedure for Earthquake**

Method of Preparedness during earthquake for student with mobility impairment:  
\_\_\_\_\_  
\_\_\_\_\_

**Procedure for Lockdown**

Method of Preparedness during earthquake for student with mobility impairment:  
\_\_\_\_\_  
\_\_\_\_\_

Individual responsible for notifying Emergency Response Personnel about student(s) with Student Safety Plan(s) and location of student in the event of an emergency: \_\_\_\_\_

[I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and equipment devices. I approve this Individualized Healthcare Plan for my child.]

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

Trained Personnel Signature (if needed) \_\_\_\_\_

Date \_\_\_\_\_

Trained Personnel Signature (if needed) \_\_\_\_\_

Date \_\_\_\_\_