WOODFORD COUNTY PUBLIC SCHOOLS

INDIVIDUAL HEALTH PLAN

Student:	DOB:	Parent/Guardian:
Today's Date:		Home Phone:
School:	Bus:	Work Phone:
Grade:	Teacher:	Cell Phone:

Type of Health Condition

- ☐ Frequent headaches/migraines
- ☐ Stomach/Bowel
- ☐ Metabolic Disorder
- ☐ Immune Disorder
- ☐ Neurological Disorder (excluding Seizures)
- ☐ Cardiac/Heart
- ☐ Cancer
- ☐ Blood Disorder
- ☐ Joint/Bone/Mobility Disorder
- ☐ Skin Disorder
- ☐ Other____

Brief History of Condition

Known Triggers: Please specify

Symptoms of Health Crisis (What to look for at school)

Treatments/Interventions/Actions

Note: Permission forms for over the counter and/or prescription medications must be on file in order for medications to be given.

Parent/Guardian Signature____ Date____________________

Nurse Signature____ Date ___________________

File original in health section of student cumulative record. Send copies to all need to know staff and place copy in medication administration log.