

Staunton-Waynesboro -Augusta County Public Schools
Individualized Student Health Care Plan

School Yr _____

Name: _____ **Date of Birth:** _____

Parents/Emergency Contact: _____ **Phone:** _____
Address: _____

Physician: _____ **Phone:** _____
_____ **Phone:** _____

Medical Condition: _____

Interventions:

1. _____
2. _____
3. _____
4. _____

Feeding and Nutritional Needs: _____

Training: _____

Transportation: _____

Plan for Staff/Student Absences

This health care plan was developed by _____ in collaboration with _____.

_____ Parent Signature _____ Date

_____ Staff _____ Date

_____ Staff _____ Date

_____ Staff _____ Date

_____ Staff _____ Date

_____ Administration _____ Date

_____ Health Service Staff _____ Date

_____ Other _____ Date

Reviewed by Physician; _____ Date