

Individual Health Care Plan

Date: _____

Student Name: _____

Date of Birth: _____

_____ has a health condition of which the school
(Student's Name)
nurse and teacher needs to be aware. The description of this problem, as well as
emergency care and individual considerations, are stated below:

Medical Diagnosis/Condition:

Action/Emergency Care:

Individual Considerations:

PHYSICIAN'S SIGNATURE: _____ DATE: _____

To Whom It May Concern:

I hereby give my permission for exchange of confidential information contained in
the record of my child, _____ between _____
(Physician's Name)
and the Columbia County School System. I furthermore give Columbia County School
System permission to perform the procedure or action as per physician's orders when
orders are received. I understand that until the nurse receives the orders from my
physician, I will be responsible for providing the services at school.

Parent or Legal Guardian Signature

Date