Individual Health Care Plan AIS-R

Name student: _____Grade:_____
has been diagnosed with _____

Actions at school to support the student:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Special considerations and safety precautions: (regarding school activities, sports etc.)

_____
_____
_____

Medications taken daily:

Name	Dose	Time	Common side effects

Emergency medication:_____ Dose:_____

An emergency is considered if: _____
_____
_____
_____
_____

In case of an emergency, student will be transported to the nearest hospital.

The parents/guardians should provide medication to be kept in the nurse's office. The responsibility of providing medication is that of the parents/guardians of the student concerned.

_____ _____
Signature Parent/Guardian Date

Mobile Father:_____ Mobile Mother: _____