

Fremont Middle School  
**Confidential Individualized Healthcare Plan**  
 Shawna Lancaster (719)784-4856  
 Lori Steinbeck, RN (719)784-6312

**2017/2018**  
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Student Name:                                      Birth Date                                      School Grade                                      Student #

<b>Parent/Guardian:</b>	
<b>Parent/Guardian:</b>	
<b>Healthcare Provider</b>	
<b>Healthcare Provider</b>	
<b>Preferred Hospital:</b>	
<b>Emergency Contact:</b>	
<b>CURRENT HEALTH ISSUES</b>	
<b>PERTINENT HEALTH HISTORY</b>	
<b>CURRENT MEDICATIONS:</b>	<b>AT HOME:</b> <b>AT SCHOOL:</b>
<b>ALLERGIES:</b>	
<b>RESTRICTIONS:</b>	
<b>HEALTH PROBLEM(S):</b>	
<b>Problem:</b>	<b>Goal:</b> <b>Action:</b> <input type="checkbox"/>
<b>Problem:</b>	<b>Goal:</b> <b>Action:</b> <input type="checkbox"/>
<b>Problem:</b>	<b>Goal:</b> <b>Action:</b> <input type="checkbox"/>
<b>EMERGENCY ACTION PLAN</b>	

**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/guardian                                      date

\_\_\_\_\_  
 school nurse                                      date

\_\_\_\_\_  
 health care provider                                      date

\_\_\_\_\_  
 administrator                                      date

\_\_\_\_\_  
 student (optional)                                      date