Diocese of Wichita
Individual Health Plan (IHP)

The purpose of this IHP is to provide accurate information to the school about an individual student's health needs and the plan to accommodate those needs, as necessary, to help the student be a successful learner. This IHP is a prerequisite for any accommodations and must be updated annually.

Name:		Picture
School:	Grade:	
Student Number:	Birth Date:	
Health Concerns/Diagnosis:		
Glasses/Contacts:		

Allergies:
Medications: school/home 1. 2. 3. 4. 5. 6. ☐Epipen/inhaler plan complete ☐School medication plan complete
Physical (short-term)
Physical Disability
Emotional/behavioral concerns:
Dietary concerns/restrictions:
Health Action Plan:
This plan is valid until _____.
This plan was terminated on _____.

Nurse signature: _____ Date: _____

(More information on other side ➢)

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Counselor signature: _____ Date: _____

Administrator signature: _____ Date: _____

Primary Care Provider: _____ Date: _____

Authorization for Healthcare Provider and School Nurse to Share Information:
I authorize my child's school nurse to assess my child regarding his/her special healthcare needs and to discuss these needs with my child's primary care provider, as well as with administrators, counselors, teachers, and staff, as needed throughout the school year. I understand this is for the purpose of formulating a health care plan for my child. I understand I may withdraw this authorization at any time and that this authorization must be renewed annually.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

CONTACT INFORMATION	
Parent/Guardian: 1. 2.	Home Phone: Work: Cell: Work: Cell:
Home Address:	Teacher:
Emergency Contact:	Phone:
Primary Care Physician:	Phone:
Specialty MD:	Phone:

Copies:

- ○ Principal/Office
- ○ Parent
- ○ Teacher(s)
- ○ Counselor
- ○ Physical Education Instructor
- ○ Resource Teacher
- ○ Library
- ○ Recess Supervisor
- ○ Transportation
- ○ Food Service Director
- ○ Entered in Individual Learning Plan
- ○ Entered in Individual Educational Plan
- ○ Entered in PowerSchool

IHP needs to be reflected in:

- ○ Individual Learning Plan
- ○ Individual Educational Plan
- ○ PowerSchool
- ○ Others _____

Attachments:

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