INDIVIDUALIZED HEALTH CARE PLAN CHECK LIST FOR THE SCHOOL NURSE

STUDENT: _____ D.O.B.: _____

STUDENT #: _____ SCHOOL: _____ DATE: _____

1. Enter completion date and initial each step listed below.
2. File completed checklist in the student's health file.

Date and Initial

1. Health Care Plan developed with _____ (Parent or guardian) and _____ (Area nurse consultant)

2. Physician signature needed: _____ is not needed: _____

3. Send home original Health Care Plan and memo from nurse consultant:
with student: _____ by mail: _____ by email: _____ for parent signature.

4. School staff information and copy of Health Care Plan to the following:

Clinic aide	_____	Secretaries	_____	Classroom teacher	_____
EA	_____	P.E.	_____	Art	_____
Music		Cafeteria		Transportation	

Others: _____ (List Names)

5. Copies of signed plan in
_____ Clinic Health Care Plan Book
_____ Substitute Folder
_____ With student information/emergency page

6. Original plan with signatures in health file.

7. Classroom presentation requested: _____ No _____ Yes Who requested: _____

8. Inservice: _____ No _____ Yes Who requested: _____

9. Training/delegation needed: _____ No _____ Yes

Procedure: #1 _____

Staff: Name:	_____	Position:	_____	Date:	_____
Staff: Name:	_____	Position:	_____	Date:	_____
Staff: Name:		Position:	_____	Date:	_____

Procedure: #2 _____

Staff: Name:	_____	Position:	_____	Date:	_____
Staff: Name:	_____	Position:	_____	Date:	_____
Staff: Name:	_____	Position:	_____	Date:	_____

ALL HEALTH CARE PLANS ARE CONFIDENTIAL
(Information to be shared on a need to know basis only!)