



DIOCESE OF TUCSON CATHOLIC SCHOOLS

Individualized Health Care Plan

School _____ School Year _____

Name of Student _____

Age _____ DOB _____ Grade _____ Date _____

Parents: _____

Phone #s: Home: _____ Work: _____ Cell: _____

In case parents cannot be reached, call _____

at _____. Relationship to student: _____

Medical Provider: _____

Phone: _____ Address: _____

Medical Diagnosis: _____

Medical Instructions: _____

Overall Assessment Data (General assessment of student entering at this time): _____

Conditions Needing Vigilance at School: _____

Instructions: _____

What the Parents Will Do: _____

What the School Will Do: _____

What the School Will Not Do: _____

What the Child Will Do: _____

Additional Information: _____

List name and title of each person attending this Individual Health Care Plan conference:

NAME

TITLE
