

**LITTLE ROCK SCHOOL DISTRICT
HEALTH SERVICES**

INDIVIDUAL HEALTH CARE PLAN

Act 1565 (1999) amends Annotated Arkansas Code 6-18-1005 to require Individual Healthcare Plans for students with special health care needs in schools. **(This information is CONFIDENTIAL.)**

Student's Name _____ Date of Birth _____ Grade _____

School _____ Allergies _____

Student's Diagnosis _____

Brief history of medical condition _____

PROCEDURES AND INTERVENTIONS (TO BE COMPLETED BY PHYSICIAN OR CLINIC NURSE)

1. Does the student require assistance to attend school? _____ If YES, documentation in items 2-10 should support this requirement.

2. Health care treatments, medications, or procedures (i.e. blood sugars, caths, etc.) at school:

3. Health care treatments, medications, or procedures at home: _____

4. Potential side-effects of medication(s) or treatment(s): _____

5. Transportation (bus, parents, etc.): _____

6. Suggested environmental modifications (seating in front of room, avoidance of specific allergens, etc.):

7. List necessary equipment and supplies and person(s) responsible for providing these items:

8. Safety Measures: _____

9. Dietary requirements: (Certification of disability form must be completed for school to accommodate.): _____

10. Activity Limitations: _____

PLEASE ATTACH A COPY OF STUDENT'S MOST RECENT PHYSICAL EXAMINATION

Physician's Signature _____ **Date Signed** _____

Emergency Plan () Attached () Check if additional information is attached.

Student's Name _____

HEALTHCARE PLAN (TO BE COMPLETED BY SCHOOL NURSE AND SCHOOL TEAM)			
Health Care Procedures Check (): Health Care Procedures should be attached.			
Is backup staff available and trained if primary staff not available ____ Yes ____ No			
Possible Problems to Anticipate and Interventions			
Training (Type)	Date Attended	Total Hours	Staff Attended

DOCUMENTATION OF PARTICIPATION

We have participated in the development of the Healthcare Plan and agree with its contents.
 Parent/guardian agrees to notify the school of the following changes or cancellations occur: the health status, physician (s), the procedure(s).

<u>Signatures</u>	<u>Date</u>
_____	_____
	Parent/Guardian
_____	_____
	Nurse
_____	_____
	Principal/Designee

(Revised 3/07-ADE)
 (Revised 8/08-LRSD)