Chestnut Hill Academy
INDIVIDUAL HEALTH PLAN

Student Name: ____ DOB: _____________________Grade: _______________________

Teacher: __________________ Parent/Guardian Name: ________________________________Phone: _______________________

Physician's Name: ____Phone: _______________________

TO BE COMPLETED BY LICENSED HEALTHCARE PROFESSIONAL

DIAGNOSIS: ____

Accommodations while at the school: ____

____

____

Medication to be administered*: □ Yes □ No
If yes, list medication, administration details, potential side effects: ______________________________

____

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*For complete medication administration information, it will be necessary for the medical provider and parent/guardian to complete the Administration of Medicine form.

Suggested classroom strategies to support this child's needs: ____________________________________

____

____

Potential consequences to child if treatment is not administered: ________________________________

____

____

If applicable, staff will:
Complete a training specific to (diagnosis): ____

____

Be able to recognize: ____

____

Notify the parent/guardian if any of the following conditions exist: ______________________________

____

Please provide signatures and complete Acknowledgement Statement on reverse side. Thank you.

Parent/Guardian Signature: __________________________________ Date: __________

Physician Signature: _______________________________________ Date: __________

Administrative Signature: ___________________________________ Date: __________

This plan must be updated annually or whenever there is any change in treatment or the child's condition changes.

Parent/Guardian Acknowledgement Statement:

To ensure the safety of your child we cannot delete a health care diagnosis which has previously been documented unless we have a signed note from the child's physician stating that the condition no longer exits; nor can we add an item(s) or change a medication without a signed note from the child's physician.

I understand that Chestnut Hill Academy requires the most up-to-date information regarding my child's health. I also understand that for the safety of my child, my child's photograph and health information will be posted in the classrooms and kitchen.

Parent/Guardian Signature: __________________________________ Date: ___________