(Note: Form may be completed electronically if desired)

Policy Code: JHC-E-1
#370397

St. James-Assiniboia School Division

INDIVIDUAL HEALTH CARE PLAN

1) Student Information

Student Name:

Address:

Date of Birth: (dd/mm/yy)

Phone:

School:

Program/Grade:

Parents/Guardians:

Home Phone:

Work Phone:

Back-up Contact Person:

Primary Caregiver (if other than guardian):

Manitoba Medical Number:

2) Health Care Information

Family Physician:

Phone:

Diagnosis:

Presenting Health Care Needs:

Medication Prescribed:

3) Plan Participants

Name	*Role/ Relationship*

4) Review Dates

5) Individual Health Care Plan for:

Date:

The Health/Nursing Care Plan was developed or recommended by:

(Health Care Professional)

The Health Care Plan is: *(check one)*

attached *OR* described below

Procedures (what, when, where, how, supplies/equipment)

Precautions:

Emergency Procedures

Contact Person: Phone:

If you see this: Do this:

6) Personnel Training

1. Primary person trained: Date trained: (dd/mm/yy)

2. Back-up person(s) trained: Date trained: (dd/mm/yy)

OR

3. Trained personnel provided by for school personnel to perform medical procedure(s).

Parent/Guardian **Date**

APPROVED June 22, 2004 Motion 16-03-04