

CSC of Eastern Hancock County

INDIVIDUALIZED HEALTH PLAN

Name: _____ Date: _____

Mother: _____

Father: _____

Preferred Hospital: _____

Medications: _____

Medical History:

Health Care Action Plan:

Copies given to: _____Transportation _____ Cafeteria _____ Teacher of Record _____ Classroom teacher

If student has an IEP, this must be attached to the IEP in the IIEP system. All IHP must be put in SKYWARD.

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INDIVIDUALIZED HEALTH PLAN

If You See This:	Do This:

Contact Parent if: _____

Parent's phone number: _____

If the emergency is Life-Threatening:

1. Call 911
2. Notify Parent

Comments/Special Instructions

Copies given to: _____Transportation _____ Cafeteria _____ Teacher of Record _____ Classroom teacher

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