

**WINCHESTER PUBLIC SCHOOLS
DEPARTMENT OF STUDENT SERVICES
598 N KENT STREET
WINCHESTER, VA 22601**

INDIVIDUAL HEALTH CARE PLAN FOR _____

STUDENT: _____ BIRTHDATE: _____

SCHOOL: _____ GRADE/PROGRAM: _____

DATE: _____ PARENT: _____

EFFECTIVE: _____ PARENT: _____

COMPRECARE TEL. NO.: _____ HOME PHONE: _____

GROUP #: _____ WORK PHONE (mother): _____
(father): _____

PHYSICIANS:

1. _____
2. _____
3. _____

EMERGENCY CONTACT PERSON IF BOTH PARENTS ARE UNAVAILABLE: _____

PROBLEM #1 - _____

SPECIFIC PRECAUTIONS:

1. _____

2. _____

3. _____

4. _____

PROBLEM #2 - _____

SPECIFIC PRECAUTIONS:

1. _____

2. _____

3. _____

4. _____

PROBLEM #3 - _____

SPECIFIC PRECAUTIONS:

1. _____

2. _____

3. _____

4. _____

Signature of nurse preparing report: _____

Parent _____ Physician _____

Approved:

June 2008 _____
