

**WINCHESTER PUBLIC SCHOOLS  
DEPARTMENT OF SPECIAL EDUCATION  
12 N. WASHINGTON STREET  
WINCHESTER, VA 22601**

**INDIVIDUAL HEALTH CARE PLAN FOR \_\_\_\_\_**

STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE/PROGRAM: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT: \_\_\_\_\_

EFFECTIVE: \_\_\_\_\_ PARENT: \_\_\_\_\_

COMPREKARE 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 \_\_\_\_\_  
\_\_\_\_\_