



Confidential Individualized Healthcare Plan

Print Form

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student Name: _____ **Birth Date:** _____ **School** _____

Grade _____ **Student ID** _____

Parent/Guardian:	Name	Phone #
Parent/Guardian:	Name	Phone #
Healthcare Provider	Primary Care Provider	Phone #
Healthcare Provider	Specialist	Phone #
Preferred Hospital:	Preferred Hospital	
Emergency Contact:	Name	Relationship
		Phone #
CURRENT HEALTH ISSUES:		
PERTINENT HEALTH HISTORY		
ALLERGIES:		
RESTRICTIONS:	relevant activity/diet	
CURRENT MEDICATIONS:	AT HOME	
	AT SCHOOL:	
HEALTH PROBLEM(S):	<i>List any procedures required to be done at school here and complete Health Form 605 B and C as needed</i>	
Problem:	Goal:	
	Action:	
Problem:	Goal:	
	Action:	
Problem:	Goal:	
	Action:	
EMERGENCY ACTION PLAN	Shelter in place	
	Evacuation plan	

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and equipment devices. I approve this Individualized Healthcare Plan for my child.



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Parent/Guardian Date

Health Care Provider Date

Student (optional) Date

School Nurse Date

Administrator Date