Campbell County Schools Individualized Healthcare Plan (IHP) Form

The IHP includes: Crisis Plan, and Equipment and/or Staff Training Needs. This plan (IHP) should be developed by the parents/guardian, school nurse, student and other pertinent school personnel. The IHP should be reviewed and revised annually, or more frequently if health conditions change. Attach this plan to the student's IEP or 504 Plan, if applicable.

Student Information

Name:	DOB:		
Address:			
School:	Grade: Primai	y Language:	
Parent/Guardian Information Student resides with: Mom Dad Both Other			
	Mother/Guardian	Father/Guardian	
Name:		Name:	
Address:		Address:	
Phone: (H):(W):	(C):	Phone: (H):(W):(C):	
Primary Language:		Primary Language:	

Healthcare Provider Information					
Primary Care Provider				Specialty Care Provider	
Name:		Phone Number:		Name:	Phone Number:
Last Exam Date:				Last Exam Date:	
Specialty Care Provider				Specialty Care Provider	
Name:		Phone Number:		Name:	Phone Number:
Last Exam Date:				Last Exam Date:	
·					
		Other Emergency Co	nta	ct Information	
Name	Relationship to student			Phone Number(s):	
1)					
2)					
Student Health Information					
Primary Diagnosis:					
Other Diagnoses:					
Food, Medication & Environmental Allergies:					

Potential Problems & Interventions					
Triggers	Signs of Problems	Interventions & Treatment			

Crisis Plan				
If this occurs: specific behaviors/conditions	Do this: action to take			

<u>Emergencies</u>				
1. Call 911				
2. Have an adult stay with student – clear area of any potential risk factors to the student and others, if safe to do so				
3. Call for assistance from the school nurse, administration, or other designated personnel				
4. If the event occurs in an area where other students are present- have a designated adult lead those students to another room				
5. Contact parent/guardian				
OTHER STEPS: List any other emergency steps to follow based on the student's special health care needs				
Healthcare Provider Signature	Date			
Parent/Guardian Signature	Date Date			