FORSYTH COUNTY SCHOOLS
Quality Learning and Superior Performance for All

INDIVIDUAL HEALTH CARE PLAN

CONFIDENTIAL ***CONFIDENTIAL***

Student _____
Date of Birth _____
Date _____

Health Information to Teachers:

_____ has a health condition of which you as his/her teacher need to be aware. The description of this problem, as well as emergency care and individual considerations, are stated below:

Medical Diagnosis/Condition: _____

_____

_____

Action: _____

_____

_____

Individual Considerations: _____

_____

_____

_____ _____
Parent Signature Date Physician Signature Date

*Refer to 504 coordinator if appropriate

Updated 7/11