

STUDENT NAME _____ Date _____

**Midwestern Intermediate Unit IV
SPECIAL NEEDS HEALTH CARE PLAN**

Student Name _____	Date of Birth _____
Parents/Guardians Name _____	Phone (H) _____
Address _____	Phone (W) _____
	Phone (C) _____
Alternate Contact Names _____	Phone (H) _____
Address _____	Phone (W) _____
	Phone (C) _____
Primary Health Care Provider _____	Phone _____
Specialty Provider _____	Phone _____
Specialty Provider _____	Phone _____
Specialty Provider _____	Phone _____

MEDICAL DIAGNOSIS

1. _____
2. _____
3. _____
4. _____
5. _____

ALLERGIES (Medication, Food, Bees, Environment)

STUDENT NAME _____ Date _____

SPECIAL PROCEDURES / SPECIAL DESIGNED INSTRUCTION

PROCEDURE	PHYSICIAN ORDER	FREQUENCY

MEDICATIONS GIVEN AT SCHOOL

MEDICATION	DOSE	ROUTE	FREQUENCY

MEDICATIONS GIVEN AT HOME

MEDICATION	DOSE	ROUTE	FREQUENCY

SPECIAL CONSIDERATIONS / NEEDS

Diet or Feeding _____ Toileting / Diapers _____
Positioning _____ Naptime/Sleeping _____
Outdoor Activities / Sunscreen _____ Transportation _____
Additional Needs _____

STUDENT NAME _____

Date _____

EMERGENCY PROCEDURE

1. CALL PARENTS / GUARDIANS

- if following symptoms are present

- a. _____
- b. _____
- c. _____

2. CALL 911 (Emergency Medical Services) **and PARENTS**

-if following symptoms are present

- a. _____
- b. _____
- c. _____

3. TAKE THESE MEASURES while waiting for parents or medical help

- a. _____
- b. _____
- c. _____

Special Needs Health Care Plan with Emergency Procedure Reviewed

<u>Participant</u>	<u>Title</u>	<u>Signature</u>	<u>Received Copy</u>
_____	MIU IV Supervisor	_____	_____
_____	MIU IV Teacher	_____	_____
_____	MUI IV Health Care Provider	_____	_____
_____	MIU IV Certified Nurse	_____	_____
_____	Building Principal	_____	_____
_____	District School Nurse	_____	_____
_____	Parent	_____	_____

Revised 5/3/07
Reviewed for 2010-2011