



## INDIVIDUAL HEALTH CARE PLAN

Date Completed \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Release of Information/Consent Signed (copy attached – Exhibit G.1.M-EX3)

### **STUDENT INFORMATION**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

M.E.T.# \_\_\_\_\_ Treaty# \_\_\_\_\_

MB Health# \_\_\_\_\_ MHSC PHIN# \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Phone \_\_\_\_\_

Primary Caregiver (if other than guardian): \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

### **HEALTH CARE INFORMATION**

Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Consulting Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Area of Expertise \_\_\_\_\_

Other Health Care Professionals \_\_\_\_\_

Diagnosis \_\_\_\_\_

Presenting Health Care Needs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Plan Participants**

Name

Role

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Review Date \_\_\_\_\_

**HEALTH CARE PLAN**

The Health/Nursing Care Plan was developed or recommended by:

\_\_\_\_\_ Date \_\_\_\_\_  
(Health Care Professional)

Health Care Plan (check where appropriate)

\_\_\_\_\_ is attached and/or \_\_\_\_\_ is described below

**PROCEDURES**

(what, where, when, how, supplies/equipment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRECAUTIONS**

---

---

---

---

**EMERGENCY PROCEDURES**

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Alternate \_\_\_\_\_ Phone \_\_\_\_\_

If you see this:

Do this:

_____	_____
_____	_____
_____	_____
_____	_____

**TRANSPORTATION PLAN** \_\_\_\_\_

---

---

Name of Adult Accompanying Child \_\_\_\_\_

**RECORD OF PERSONNEL TRAINING**

Primary Person trained \_\_\_\_\_

Date trained \_\_\_\_\_

Date recommended for retraining \_\_\_\_\_

Back-up person(s) trained \_\_\_\_\_

---

Training Provided by \_\_\_\_\_

Level and description of training \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Trainer (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Principal (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Adopted September 1, 2009		
---------------------------	--	--